Electronic Filing

**SEEC FORM 30** Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



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COVER PAGE									
1.NAME OF COMMITTEE						2. TY	PE OF COMMITTEE		
Marilyn Moore State Senate 2014						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME			1				1		
First Robert			МІ <b>S.</b>	Last Walsh			Suffix		
4. TREASURER ADDRESS			1	1			1		
Street Address 56 Redding Pl		City State Bridgeport CT					Zip Code 06604		
5. ELECTION DATE	6. OFFICE SOUGHT ( Ca	omplete of	nly if Candidate	Committee)		7. DISTI	RICT NUMBER ( if applicable		
11/04/2014	State Senator						S022		
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	ommittee	e)						
First Marilyn			MI V	Last Moore			Suffix		
9. TYPE OF REPORT									
April 10 Filing - Original									
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	01/01/2014	thru	L	03/31/2014					
_11. CERTIFICATION									
I hereby certify and state, on this <b>Itemized Campaig</b> accurate and complete.			-		th				
Electronic Filing	Robert Walsh			04	/10/2014 6	59:45PI	м		
SIGNATURE	PRINT NAME OF THI	E SIGNE	ER	DA	TE CERTIFIED				
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement

## CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

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SUMMARY PAGE TOTALS
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NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT						
Marilyn Moore State Senate 2014	April 10 Filing - Original							
	COLUMN A This Period	COLUMN B Aggregate						
12. Balance on hand from day Committee was formed		\$0.00						
13. Balance on hand at the beginning of Reporting Period	\$0.00							
14. Contributions received from Individuals (Section A and B)	\$9,728.00	\$9,728.00						
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00						
16. Other Monetary Receipts (Section D through I)	\$100.00	\$100.00						
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00						
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$9,828.00	\$9,828.00						
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$9,828.00	\$9,828.00						
20. Expenses Paid by Committee (Section N)	\$177.25	\$177.25						
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$9,650.75	\$9,650.75						
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$70.00	\$70.00						
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00						
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00						
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00						
26. Beginning Loan Balance	\$0.00							
26a. + Loans Received (Section D)	\$0.00	\$0.00						
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00						
26c Payments on Loan(s)	\$0.00	\$0.00						
26d. Total Outstanding Loan Amount	\$0.00							
27. Campaign Expenses Paid By Candidate (Section O)	\$153.25	\$153.25						
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00						
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$420.00							
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$420.00							

I. MONETARY RECEIPTS (Section A-I)         NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)       TYPE OF REPORT         Marilyn Moore State Senate 2014       April 10 Filing - Original         A. Total Contributions from Small Contributors-Received this Period ONLY       For Nonparticipating Candidates ONLY					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)       TYPE OF REPORT         Marilyn Moore State Senate 2014       April 10 Filing - Original         A. Total Contributions from Small Contributors-Received this Period ONLY       For Nonparticipating Candidates ONLY					
A. Total Contributions from Small Contributors-Received this Period ONLY For Nonparticipating Candidates ONLY					
A, I otal Contributions from Small Contributors-Received this Period ONLY					
A, I otal Contributions from Small Contributors-Received this Period ONLY					
\$0.00					
B. Itemized Contributions from Individuals					
Last Name     First     MI     Contribution ID					
Moore Michelle M 0002					
Residential Street Address         City         State         Zip Code					
622 Soundview Ave Bridgeport CT 06606					
Principal Occupation         Name of Employer         Of Color					
Is contributor a principal of a state contractor or prospective state contractor?					
aependent child of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:					
Is this contribution associated with a List of a Sociated With a List					
fundraising event listed in Section J1?					
If yes, list Event # No Money Order Credit/Debit Card 01/07/2014 \$25.00 \$25.00					
Last Name First MI Contribution ID					
Rexford Jean 0003					
Residential Street Address City State Zip Code					
26 W Woodland Dr Redding CT 06896					
Principal Occupation Name of Employer					
Exec Director CT Center for Patient Safety					
Is contributor a principal of a state contractor or prospective state contractor?					
If yes, indicate which branch or branches of					
fundraising event listed in Section J1?					
X         No         Cash         X         Personal Check         01/15/2014         \$100.00         \$100.00					
If yes, list Event # Gredit/Debit Card Gredit/Debit Card					
Last Name First MI Contribution ID					
Walsh Robert 0001					
Residential Street Address City State Zip Code					
56 Redding Pl Bridgeport CT 06604					
Principal Occupation Name of Employer					
Accountant Trailblazer LLC					
Is contributor a principal of a state contractor or prospective state contractor?					
If yes, indicate which branch or branches of					
Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions					
fundraising event listed in Section J1?					
If yes, list Event #     No     X     Cash     Personal Check     01/16/2014     \$100.00     \$100.00					

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I. MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT			
Marilyn Moore State Senate 2014			April 10 Filing - Original			
B. Itemized Contributions from	m Ind	lividuale				
		liviuuais		1.0		
Last Name	First	<b>D</b> .		MI	Contribution ID #	
Spain	<i>a</i> :-	Peter		D	0004	
Residential Street Address	City			State	Zip Code	
280 Grovers Ave		Bridgeport		СТ	06605	
Principal Occupation		Name of Employ	/er			
Business Managment		Self		i .		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative		<b>F</b>	X No			
government the contract is with:	D.	D 1				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash X Personal Check						
If yes, list Event # Money Order Credit/Debit Card	01/3	17/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Bryant		George			0005	
Residential Street Address	City			State	Zip Code	
7986 Long Shadow La	L	N Charleston		SC	29406	
Principal Occupation		Name of Employer				
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent child o				
government the contract is with:			X No			
Is this contribution associated with a fundamining spart list d in Section 112 Yes	Date	Received	Aggregate Contributions			
Cash Personal Check						
If yes, list Event #	01/3	18/2014	\$100.00		\$100.00	
	I					
Last Name	First			MI	Contribution ID #	
Jackson		Kenneth		R	0006	
Residential Street Address	City			State	Zip Code	
519 Connecticut Ave		Bridgeport CT 06607				
Principal Occupation		Name of Employ	/er			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent child of				
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a for devicing user that die Service 112 Yes	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	01/2	24/2014	\$20.00		\$20.00	
Last Name	First			MI	Contribution ID #	
D'Andrea		Frank			0007	
Residential Street Address	City			State	Zip Code	
124 Seaside Ave		Bridgeport		СТ	06606	
Principal Occupation		Name of Employ	ver			
Carpenter		Self				
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or	Amou	ant of Contribution	
	~	dependent child of				
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	01/2	26/2014	\$10.00		\$10.00	
In you, not event in the creative of the creat	1		1	1		

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I. MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	TYPE OF REPORT				
Marilyn Moore State Senate 2014			April 10 Filing - Original			
B. Itemized Contributions from	m Ind	lividuals			•	
Last Name	First			MI	Contribution ID #	
D'Andrea		Molly			0008	
Residential Street Address	City			State	Zip Code	
124 Seaside Ave		Bridgeport		СТ	06605	
Principal Occupation		Name of Employ	rer	-		
Teacher		Ffld P	ublic School			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or Yes	Amou	ant of Contribution	
	0	dependent child of	of a lobbyist? Yes			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
X No Cash Personal Check	01/3	26/2014	\$10.00		\$10.00	
If yes, list Event # Money Order Credit/Debit Card	01/1	2011	<b>\$10.00</b>		<i><b>410.00</b></i>	
Last Name	First			MI	Contribution ID #	
Cassidy	1 1100	Kevin		J	0009	
Residential Street Address	City	Revin		State	Zip Code	
	City	Duideeses			-	
245 Ellsworth Ave	L	Bridgeport		СТ	06605	
Principal Occupation		Name of Employ				
Teacher		Fairfie				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent ennu (	· _			
government the contract is with:	_		X No			
Is this contribution associated with a function must list die for the U2 Yes	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #	01/3	26/2014	\$10.00		\$10.00	
	I				-	
Last Name	First			MI	Contribution ID #	
Ferreira		Luisa Alexan	dra		0017	
Residential Street Address	City			State	Zip Code	
826 Fountain St		Woodbridge		СТ	06525	
Principal Occupation		Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution	
	0	dependent child of	of a lobbyist? Yes			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
X No Cash Personal Check	01/2	26/2014	\$100.00		\$100.00	
If yes, list Event # Money Order Credit/Debit Card	/		+		+	
Last Name	First			MI	Contribution ID #	
Basler	1 1130	Frank		1VII	0010	
Residential Street Address	City	панк		State		
	City	Duideeneut			Zip Code	
294 Brewster St		Bridgeport		СТ	06605	
Principal Occupation		Name of Employ				
Consultant			r Associates			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of		acpendent child (				
government the contract is with:			X No			
Is this contribution associated with a fundrations around listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	01/2	29/2014	\$20.00		\$20.00	
	1		1	1		

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		, ,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuala			
		liviuuais		1	
Last Name	First			MI	Contribution ID #
Quinn		Marjorie			0011
Residential Street Address	City			State	Zip Code
11 Deer Run Rd		North Haven		СТ	06473
Principal Occupation		Name of Employ	ver		
Retired		Retire	ed	_	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Sector Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			· —		
government the contract is with:				1	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event #	01/2	29/2014	\$25.00		\$25.00
	ļ				
Last Name	First			MI	Contribution ID #
Gomes		Edwin		А	0012
Residential Street Address	City			State	Zip Code
243 Soundview Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	01/3	29/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	01/1		<i><i><i></i></i></i>		÷200.00
Last Name	First			MI	Contribution ID #
Martin	11150	Jennifer			0021
Residential Street Address	City	Jennier		State	Zip Code
	City	Storre		CT	06268
99 Dog Ln	<u> </u>	Storrs		CI	06268
Principal Occupation		Name of Employ	/er		
		T (1)			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative					
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/0	06/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Luxenberg		Geoffrey			0020
Residential Street Address	City			State	Zip Code
45 Chatham Dr		Manchester		СТ	06042
Principal Occupation		Name of Employ	/er		-
Owner		The V	/ini Group		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	int of Contribution
Yes 🔼 No	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with: Legislauve Legislauve	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Date		. SBIOBULO CONTIDUTIONS		
X No Cash Personal Check	0.2	7/2014	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	02/0	07/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	TYPE OF REPORT					
Marilyn Moore State Senate 2014			April 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Farina	1 11 50	Michael		, mi	0018		
Residential Street Address	City	Thendel		State	Zip Code		
54 Robert Rd	eny	Manchester		СТ	06040		
Principal Occupation		Name of Employ	/er				
Professor			University				
			lobbyist, spouse, or	Amou	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
X No Cash Personal Check	02/	07/2014	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Brown		Edna			0019		
Residential Street Address	City			State	Zip Code		
125 South St Apt 360		Vernon		СТ	06066		
Principal Occupation	-	Name of Employer					
Professor		University of Connecticut					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution		
	0	dependent child	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
	02/	07/2014	\$50.00		\$50.00		
If yes, list Event # Money Order Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Hooks		Joyce			0022		
Residential Street Address	City			State	Zip Code		
1509 Old Town Rd		Bridgeport		СТ	06606		
Principal Occupation		Name of Employ	/er				
Retired		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child					
government the contract is with:	_		X No				
Is this contribution associated with a fundrations around listed in Section 112 Yes	Date	Received	Aggregate Contributions				
If yes, list Event # 02112014T No Cash Personal Check Money Order Credit/Debit Card	02/	10/2014	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Freeman		Michelle			0023		
Residential Street Address	City			State	Zip Code		
156 Parrott Ave		Bridgeport		СТ	06606		
Principal Occupation		Name of Employ	/er				
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child					
government the contract is with:	-		X No				
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions				
If yes, list Event # 02112014T No Cash Personal Check Money Order Credit/Debit Card	02/	10/2014	\$5.00		\$5.00		

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I. MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>`</u>	,	TYPE OF REPORT			
Marilyn Moore State Senate 2014			April 10 Filing - Original			
B. Itemized Contributions fro	m Ind	lividuals				
Last Name	First	ii viuuais		MI	Contribution ID #	
Barr	FIISt	Richard		C	0025	
Residential Street Address	City	RICIIdIU		State	Zip Code	
28 Memory Ln	City	Bridgeport		CT	06606	
Principal Occupation		Name of Employ	ior.	CI	00000	
		Retire				
Is contributor a principal of a state contractor or prospective state contractor?				Amor	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>			
government the contract is with:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
No Cash Personal Check	02/	10/2014	\$25.00		\$25.00	
If yes, list Event # 02112014T	02,		+20100		420100	
Last Name	First			MI	Contribution ID #	
Barr		Audrey			0034	
Residential Street Address	City	, ladi ey		State	Zip Code	
28 Memory Ln	5	Bridgeport		ст	06606	
Principal Occupation		Name of Employ	/er			
		Retired				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
No Cash Personal Check	02/	10/2014	\$50.00		\$50.00	
If yes, list Event # 02112014T Money Order Credit/Debit Card					·	
Last Name	First			MI	Contribution ID #	
Gordon		David			0026	
Residential Street Address	City			State	Zip Code	
2612 North Ave Apt B22		Bridgeport CT 06604				
Principal Occupation	Name of Employer					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution	
	0	dependent child	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a for the second seco	Date	Received	Aggregate Contributions	1		
	02/	10/2014	\$35.00		\$35.00	
If yes, list Event # 02112014T Money Order Credit/Debit Card						
Last Name	First			MI	Contribution ID #	
Ricks		Feriel			0027	
Residential Street Address	City			State	Zip Code	
323 Fairfield Ave Apt 401		Bridgeport		СТ	06605	
Principal Occupation	-	Name of Employ	ver	-	•	
		Unem	ployed			
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution	
	U	dependent child				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a <b>X X A</b> Method of contribution:	Date	Received	Aggregate Contributions	1		
	1					
If yes, list Event # 02112014T No No Money Order Credit/Debit Card	02/	10/2014	\$25.00		\$25.00	
	1		1	1		

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I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Marilyn Moore State Senate 2014			April 10 Filing - Original			
B. Itemized Contributions fro	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Vermont	1 1150	Regina			0030	
Residential Street Address	City	itogina		State	Zip Code	
380 Union Ave		Bridgeport		СТ	06606	
Principal Occupation	-	Name of Employ	/er			
Educator			of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor?				Amou	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a function 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1		
No Cash Personal Check	02/	10/2014	\$25.00		\$25.00	
If yes, list Event # 02112014T Money Order Credit/Debit Card	,					
Last Name	First			MI	Contribution ID #	
Dupree		Aretha			0031	
Residential Street Address	City			State	Zip Code	
181 Dover St		Stratford		СТ	06615	
Principal Occupation		Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution	
	0	dependent child	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			X No			
Is this contribution associated with a function with the function of the funct	Date	Received	Aggregate Contributions	1		
No N	02/	10/2014	\$25.00		\$25.00	
If yes, list Event # 02112014T						
Last Name	First			MI	Contribution ID #	
Brown-Holloway		Rita			0033	
Residential Street Address	City			State	Zip Code	
108 Linton St		Stratford		СТ	06614	
Principal Occupation	•	Name of Employ	/er	-		
Psychologist		City o	of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	ant of Contribution	
	0	dependent child				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a transformed	Date	Received	Aggregate Contributions	1		
If yes, list Event # <u>02112014T</u> No Cash Personal Check Money Order Credit/Debit Card	02/	10/2014	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Pivirotto		Elaine			0039	
Residential Street Address	City			State	Zip Code	
2625 Park Ave # 9E		Bridgeport		СТ	06604	
Principal Occupation		Name of Employ	/er			
CT State Marshal		Self				
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution	
If yes indicate which branch or branches of	~	dependent child	of a lobbyist?			
government the contract is with:			× No	]		
Is this contribution associated with a fundamining quant listed in Section 112 Yes	Date	Received	Aggregate Contributions			
	1					
If yes, list Event # <u>02112014T</u> No Cash Personal Check Money Order Credit/Debit Card	02/	10/2014	\$100.00		\$100.00	
	1		1			

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I. MONETARY RECEIPT	'S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Marilyn Moore State Senate 2014			April 10 Filing - Original			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First	liviuuais		MI	Contribution ID #	
Manley	Thst	Cecelia		1VII	0029	
Residential Street Address	City	Cecella		State	Zip Code	
41 Calderwood Ct	City	Bridgeport		СТ	06605	
Principal Occupation	<u> </u>	Name of Employ	er		00000	
Licensed Professional			-			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution	
Yes X No	D	dependent child	Vac			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a function area of the second secon	Date	Received	Aggregate Contributions			
No Cash Personal Check	02/1	10/2014	\$25.00		\$25.00	
If yes, list Event # 02112014T Money Order Credit/Debit Card						
Last Name	First			MI	Contribution ID #	
Robles		Neida			0015	
Residential Street Address	City			State	Zip Code	
333 Vincelette St Unit 61		Bridgeport		СТ	06606	
Principal Occupation		Name of Employer				
RN		New	England Home Care			
Is contributor a principal of a state contractor or prospective state contractor?	b		lobbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of		dependent child				
government the contract is with:			X No			
Is this contribution associated with a fundraising avant listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # 02112014T No Cash Personal Check Money Order Credit/Debit Card	02/1	10/2014	\$100.00		\$100.00	
			Į		a state mu	
Last Name	First	Dataiaia		MI	Contribution ID #	
Swain Residential Street Address	City	Patricia		State	0032	
500 Cleveland Ave	City	Bridgoport		CT	Zip Code 06604	
Principal Occupation	<u> </u>	Bridgeport Name of Employ	704	CI	00004	
Business Manager			rt A Cardello Architects			
				Amou	int of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	· · · · · · · · · · · · · · · · · · ·			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a function associated with a function of the second seco	Date	Received	Aggregate Contributions			
No Cash X Personal Check	02/1	10/2014	\$25.00		\$25.00	
If yes, list Event # 02112014T Money Order Credit/Debit Card						
Last Name	First			MI	Contribution ID #	
Ford		Ralph		R	0035	
Residential Street Address	City			State	Zip Code	
410 Mill Hill Ave		Bridgeport		СТ	06610	
Principal Occupation		Name of Employ	er			
Psychologist		State	of CT			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of	-	dependent child	of a fobbyist?			
government the contract is with:			X No			
Is this contribution associated with a tendericing event listed in Section 112 Yes	Date	Received	Aggregate Contributions			
If yes, list Event # 02112014T No Cash Personal Check Money Order Credit/Debit Card	02/1	10/2014	\$100.00		\$100.00	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First	ii viuuuis		МІ	Contribution ID #
Parziale	1 1130	Lisa		IVII	0024
Residential Street Address	City	LISO		State	Zip Code
97 Bick Ter	City	Bridgeport		СТ	06604
Principal Occupation	<u> </u>	Name of Employ	/er		00001
Realator		Self	-		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
government the contract is with.	Date	Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1? Yes					
No Cash Personal Check	02/3	10/2014	\$20.00		\$20.00
If yes, list Event # 02112014T Money Order Credit/Debit Card	,				•
Last Name	First			MI	Contribution ID #
Traber		Robert		J	0036
Residential Street Address	City			State	Zip Code
110 Hale Ter		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	/er		
Teacher		City o	of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	D	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for the UP Yes Method of contribution:	Date	Received	Aggregate Contributions		
	02/3	10/2014	\$100.00		\$100.00
If yes, list Event # 02112014T Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Fisher		Sandra			0028
Residential Street Address	City			State	Zip Code
373 Henry Ave		Stratford		СТ	06614
Principal Occupation		Name of Employ	/er		
Director of Outreach		Witne	ess Project		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of $\Box$	~	dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising upper listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # 02112014T No Cash Personal Check Money Order Credit/Debit Card	02/3	10/2014	\$25.00		\$25.00
					I
Last Name	First			MI	Contribution ID #
Scott		Charles			0037
Residential Street Address	City			State	Zip Code
880 North Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Sales			tate Reality		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a dependent child	lobbyist, spouse, or Sector Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		Sependent ennu v	x No		
government the contract is with:		n · ·			
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check		10/2014	1100.00		±100.00
If yes, list Event # 02112014T No Money Order Credit/Debit Card	02/3	10/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>`</u>	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First	ii viuuais		мі	Contribution ID #
Foster	Thist	Mary Jane		IVII	0016
Residential Street Address	City	Mary Jane		State	Zip Code
40 Anchorage Dr .	City	Bridgeport		CT	06605
Principal Occupation		Name of Employ	/er		00005
Administration		1 5	ersity of Bridgeport		
				Amoi	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with.	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			80 · 8 · · · · · · · · · ·		
No Cash Personal Check	02/	10/2014	\$100.00		\$100.00
If yes, list Event # 02112014T	02,	10/2011	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gonzalez		Joel			0040
Residential Street Address	City	5001		State	Zip Code
909 Maplewood Ave	,	Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er		
Service Assitant			of Bridgeport		
		-		Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io	dependent child	Van		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with.	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:					
No Cash Personal Check	02/	10/2014	\$25.00		\$25.00
If yes, list Event # 02112014T		-, -			
Last Name	First			MI	Contribution ID #
Lee		John		м	0038
Residential Street Address	City			State	Zip Code
30 Beacon St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	ver	<u>.</u>	Į
Financial Listener		Self -	People Insurance		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
	02/	10/2014	\$100.00		\$100.00
If yes, list Event # 02112014T  Money Order  Credit/Debit Card					
Last Name	First			MI	Contribution ID #
English		Elizabeth			0067
Residential Street Address	City			State	Zip Code
31 Oman Pl		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	ver		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution
	υ	dependent child			
If yes, indicate which branch or branches of government the contract is with:			× No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
	02/	11/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuale			
	First	liviuuais		M	Contribution ID #
Last Name	FIISt	lask		MI E	Contribution ID # 0014
McGregor Residential Street Address	City	Jack		E State	
	City	Duideeneut		CT	Zip Code 06605
40 Anchorage Dr . Principal Occupation	L	Bridgeport		CI	06605
Exec Director		Name of Employ Retire			
			akhvist spouse or	A.m.ov	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	obbyist, spouse, or of a lobbyist? Yes	Alliou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a for darking source listed in facting 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	02/3	11/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kish		Anna			0068
Residential Street Address	City			State	Zip Code
1171 Stratfield Rd	L	Fairfield		СТ	06825
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yes indicate which branch or branches of	-	dependent child			
government the contract is with:			X No		
Is this contribution associated with a function associated with a function associated with a Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/3	13/2014	\$100.00		\$100.00
	1				1
Last Name	First			MI	Contribution ID #
Smith		Lola			0066
Residential Street Address	City			State	Zip Code
40 Seymour Ave Fl 2	<u> </u>	Derby		СТ	06418
Principal Occupation		Name of Employ	er		
		T (1)			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of coversment the contract is with:		1.	x <sub>No</sub>		
government the contract is with: Executive Elegislative Legislative	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2/-	16/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	02/.	16/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Johnson	Filst	Brenda		1411	0106
Residential Street Address	City	Dienua		State	Zip Code
420 Masarik Ave	City	Stratford		CT	06615
Principal Occupation	<del>ا _ ا</del>	Name of Employ	er	<u> </u>	
Sales			ngton Coat Factory		
			abbuist spause or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	1	
If yes, indicate which branch or branches of sovernment the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	02/	16/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card	1 32/		φ20.00		+_0.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Alcorn		Elizabeth			0080
Residential Street Address	City			State	Zip Code
401 Grovers Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	rer	-	•
Illustrator		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	02/-	18/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card	02/	10/2011	<b>\$10.00</b>		<i><b></b></i>
Last Name	First			MI	Contribution ID #
Reichert	1 11.51	Rick			0081
Residential Street Address	City	RICK		State	Zip Code
	City	Duideers			-
185 King St	L	Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Fundraiser			ecticut Food Bank		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu (	· _		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for devicing user that die Scating 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/3	18/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Wells		Rufus			0069
Residential Street Address	City			State	Zip Code
2057 Broadmoor Way		Fairburn		VA	30213
Principal Occupation		Name of Employ	er	-	•
Business Consultant		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Mathad of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	02/-	19/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	02,		400.00		400.00
Last Name	First			MI	Contribution ID #
Wynter	1 1130	Stephon		D	0071
Residential Street Address	City	Stephon			Zip Code
	City	Duideeset		State	*
636 W Jackson Ave	L	Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Contractor		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundrations around listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	02/3	19/2014	\$20.00		\$20.00
	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Janensch		Gail			0072
Residential Street Address	City			State	Zip Code
3030 Park Ave COTTAGE 12		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	/er		
Teacher		Retire			
			lobbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of		•	x <sub>No</sub>		
government the contract is with:					
Is this contribution associated with a function where the function of the fun	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	02/	19/2014	\$50.00		\$50.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Wells		Janice			0070
Residential Street Address	City			State	Zip Code
	City	Fairburn		GA	30213
2057 Broadmoor Way	L			GA	30213
Principal Occupation		Name of Employ	/er		
Business Consultant		Self		i	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	02/3	19/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
Caine		Casey			0077
Residential Street Address	City	Casey		State	
	City	<b>B</b> : 1			Zip Code
62 Old Battery Rd		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er		
		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	02/2	20/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card	- /	-, -			
Last Name	First			MI	Contribution ID #
	FIISt			IVII	
Caine		John			0078
Residential Street Address	City			State	Zip Code
62 Old Battery Rd	L	Bridgeport		СТ	06605
Principal Occupation		Name of Employ	ver		
Chief Marketing Officer		Pricel	ine.com		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	υ	dependent child	of a foodyist?		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	5		30-18-11 - 1-1-10-440-15		
X No Cash Personal Check	0.27	20/2014	420.00		¢20.00
If yes, list Event # Money Order Credit/Debit Card	02/.	20/2014	\$20.00		\$20.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuale			
	-	liviuuais		1.0	0
Last Name	First			MI	Contribution ID #
Porco	<i>a</i> :-	Frank		<i>a</i>	0079
Residential Street Address	City	<b>D</b> · I · ·		State	Zip Code
87 Seabright Ave	I	Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Hair Stylist Is contributor a principal of a state contractor or prospective state contractor?			-Bruce	A.m.o.	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Alliot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		*	x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Controutions		
X No Cash Personal Check	02/	21/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	02/	21/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Hiller	THSt	Margaret		, mi	0090
Residential Street Address	City	Margaret		State	Zip Code
50 Beacon St	City	Bridgeport		СТ	06605
Principal Occupation	I	Name of Employ	/er		00005
Administrator			ublic Education Fund		
			lobbyist spouse or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Van		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	02/	22/2014	\$75.00		\$75.00
If yes, list Event # Money Order Credit/Debit Card	02/	22/2014	\$75.00		\$75.00
Last Name	First			МІ	Contribution ID #
Woskoff		Aaron			0082
Residential Street Address	City			State	Zip Code
955 Main St Apt 1110		Bridgeport		ст	06604
Principal Occupation		Name of Employ	ver		
Attorney		NYS I	Division of Human Rights		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
	02/	23/2014	\$30.00		\$30.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Spain		Kate			0057
Residential Street Address	City			State	Zip Code
280 Grovers Ave		Bridgeport		СТ	06605
Principal Occupation	-	Name of Employ	ver		-
Designer		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Nethod of contribution:	Date	Received	Aggregate Contributions	1	
	02/	23/2014	\$5.00		\$5.00
If yes, list Event # 02232014M Money Order Credit/Debit Card	1		1	1	

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L MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Patton		Marcie			0048
Residential Street Address	City			State	Zip Code
309 Courtland Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er		
		Fairfi	eld U		
Is contributor a principal of a state contractor or prospective state contractor?			labbruiot anousso or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 02232014M No Cash Personal Check Oredit/Debit Card	02/2	23/2014	\$50.00		\$50.00
	L		I	I	
Last Name	First			MI	Contribution ID #
Shannon-Bluestein		Lynda			0041
Residential Street Address	City			State	Zip Code
16 Sailors La		Bridgeport		СТ	06605
Principal Occupation	·	Name of Employ	/er	-	
Retired		Retire			
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child		Alliou	in or contribution
If yes, indicate which branch or branches of		1	X No		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 02232014M	02/2	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
McKenzie		Roger			0042
Residential Street Address	City			State	Zip Code
1078 Laurel Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	/er		
		1.5			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V	7 tinou	an of contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:		D 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 02232014M No Cash Personal Check Money Order Credit/Debit Card	02/2	23/2014	\$20.00		\$20.00
	L		l	·	
Last Name	First			MI	Contribution ID #
Bresler		Barbara			0046
Residential Street Address	City			State	Zip Code
3200 Park Ave Unit 602		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	/er	•	•
Retired		Retire			
			lobbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of covernment the contract is with:			x <sub>No</sub>		
government the contract is with:		Decesion 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 02232014M No Cash Personal Check Money Order Credit/Debit Card	02/2	23/2014	\$25.00		\$25.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		, ,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
D Iterrited Contributions for	T	····			
B. Itemized Contributions from		lividuals		1	1
Last Name	First			MI	Contribution ID #
Groelinger		David			0047
Residential Street Address	City			State	Zip Code
130 Anchorage Dr		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions	4	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 02232014M No Money Order Credit/Debit Card	02/2	23/2014	\$50.00		\$50.00
					-
Last Name	First			MI	Contribution ID #
Sadler-Conway		Meghan			0049
Residential Street Address	City			State	Zip Code
5 Thorne Pl		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	ver		
Physician Assistant		Surai	cal Breast Care of CT		
		-		Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Van		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02232014M	02/2	23/2014	\$100.00		\$100.00
					-
Last Name	First			MI	Contribution ID #
Cassidy		Stephen			0051
Residential Street Address	City			State	Zip Code
33 Hanford Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er	•	•
Teacher		Bridg	eport Public Schools		
Is contributor a principal of a state contractor or prospective state contractor?		-		Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	- V		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions	-	
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 02232014M No Money Order Credit/Debit Card	02/2	23/2014	\$20.00		\$20.00
	I				
Last Name	First			MI	Contribution ID #
Dye		Brenda			0052
Residential Street Address	City			State	Zip Code
220 Nautilus Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		-
Bus Srv Rep		AT &	T Retiree		
Is contributor a principal of a state contractor or prospective state contractor?				Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	D. /	Raaaiw-4	1	-	
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02232014M No Cash Personal Check Money Order Credit/Debit Card	02/2	23/2014	\$10.00		\$10.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuale			
Last Name	First			MI	Contribution ID #
Geoghegan	Flist	Tracy		NII .	0055
Residential Street Address	City	Hacy		State	Zip Code
155 Grovers Ave	City	Bridgeport		CT	Zip Code
Principal Occupation	-	Name of Employ	/er		
Publications Director			he Children		
		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function associated with a function associated with a function as a function as a function of the funct	Date	Received	Aggregate Contributions	•	
rundraising event listed in Section 31?					
No Cash Personal Check	02/2	23/2014	\$5.00		\$5.00
If yes, list Event # 02232014M					
Last Name	First			MI	Contribution ID #
Baranyar		James			0056
Residential Street Address	City			State	Zip Code
6 Homestead Ave		Bridgeport		СТ	06605
Principal Occupation	-	Name of Employ	/er		
Manager		CCL L	abel		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which branch or branches of the test of te	0	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraicing event listed is Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02232014M	02/	23/2014	\$5.00		\$5.00
					1
Last Name	First			MI	Contribution ID #
Papanikolaou		Lazaros			0058
Residential Street Address	City			State	Zip Code
363 Grovers Ave	<u> </u>	Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er		
Architect		Self	labhruist anausa ar	A.m.o.	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		*	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duit	recerved	- iggrogate contributions		
No Cash Personal Check	02/2	23/2014	\$10.00		\$10.00
If yes, list Event # 02232014M	/	,	+		+
Last Name	First			MI	Contribution ID #
Agonis		Robert		А	0061
Residential Street Address	City			State	Zip Code
101 Anchorage Dr		Bridgeport		ст	06605
Principal Occupation		Name of Employ	ver		
Enginerring Consultant		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a function associated with a function associated with a function as a function of the second secon	Date	Received	Aggregate Contributions	1	
If yes, list Event # 02232014M No Cash Personal Check Order Credit/Debit Card	02/	23/2014	\$100.00		\$100.00
In yes, ist Event # 0225201411 I winney Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii viuuuis		MI	Contribution ID #
Bhasin	THSt	Inder		P	0054
Residential Street Address	City	Indei		State	Zip Code
155 Grovers Ave	City	Bridgeport		CT	06605
Principal Occupation		Name of Employ	/er		00003
Businessman			Trading		
				Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Van		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function of the second sec	Date	Received	Aggregate Contributions		
	02/2	23/2014	\$5.00		\$5.00
If yes, list Event # 02232014M					
Last Name	First			MI	Contribution ID #
Medina		Nancy			0043
Residential Street Address	City			State	Zip Code
140 Hickory St		Bridgeport		СТ	06610
Principal Occupation	-	Name of Employ	/er	•	•
Receptionist		R.D. 1	Scinto, Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If was indicate which branch or branches of the second sec	0	dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraicing event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 02232014M	02/3	23/2014	\$75.00		\$75.00
	1			I	1
Last Name	First			MI	Contribution ID #
Medina Jr		Maximino			0044
Residential Street Address	City			State	Zip Code
140 Hickory St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ			
Attorney			es, Needles & Cooper, PC	A	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Alliot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	02/2	23/2014	\$75.00		\$75.00
If yes, list Event # 02232014M		-, -			
Last Name	First			MI	Contribution ID #
Kelly		Thomas			0073
Residential Street Address	City			State	Zip Code
155 Brewster St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a <b>X X A</b> Method of contribution:	Date	Received	Aggregate Contributions	1	
	1				
If yes, list Event # 02232014M No Gash Credit/Debit Card	02/2	23/2014	\$100.00		\$100.00
	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		· · · · · · · · · · · · · · · · · · ·	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Halstead	1 1150	Robert		E	0063
Residential Street Address	City	Robert		State	Zip Code
55 Sterling Pl	eny	Bridgeport		СТ	06604
Principal Occupation		Name of Employ	/er		
Housing Administrator		Retire			
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function to the function of the functio	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	02/2	23/2014	\$50.00		\$50.00
If yes, list Event # 02232014M	,				
Last Name	First			MI	Contribution ID #
Halstead		Catherine			0064
Residential Street Address	City			State	Zip Code
55 Sterling Pl		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	/er	•	
		Hawk	e Photography		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function of the section of	Date	Received	Aggregate Contributions	1	
If yes, list Event # 02232014M	02/2	23/2014	\$50.00		\$50.00
Woney order Card been card					
Last Name	First			MI	Contribution ID #
Ross		Michael			0045
Residential Street Address	City			State	Zip Code
3250 Fairfield Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er		
Manager		West	port Playhouse		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child of	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child (			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Induiting event index in Section 51.					
If yes, list Event # Money Order Credit/Debit Card	02/2	23/2014	\$100.00		\$100.00
Last Name	First	7		MI	Contribution ID #
Cadwallader	<i>a</i> :-	Jeffrey		M	0062
Residential Street Address	City	Duideeset		State	Zip Code
261 Grovers Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Graphic Design Is contributor a principal of a state contractor or prospective state contractor?		Self	lobbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Aniot	
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions	4	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Receiveu	Aggregate Contributions		
No Cash Personal Check	0.2/	23/2014	\$25.00		\$25.00
If yes, list Event # 02232014M Money Order Credit/Debit Card	02/	23/2014	\$25.00		<b>⊅∠</b> 3.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cline		Joy			0060
Residential Street Address	City			State	Zip Code
261 Grovers Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er		
Client Services Manager		Gibne	ey, Anthony & Flaherty		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child	of a fobbyist?		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check					
If yes, list Event # 02232014M If yes, list Event # 02232014M Credit/Debit Card	02/	23/2014	\$25.00		\$25.00
Last Name	First		•	MI	Contribution ID #
Kaufman	FIISU	Comm		MI	0050
Residential Street Address	City	Caryn		State	Zip Code
1494 Capitol Ave # A108	City	Bridgeport		СТ	06604
Principal Occupation	I	Name of Employ	/er		00004
P R Consultant			n Kaufman Communications		
Ta contributor a minoinal of a stata contractor or macroactive stata contractor?		,	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundration associated with a fundration associated with a fundration and the section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 02232014M	02/2	23/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Parisi		Gabrielle			0053
Residential Street Address	City			State	Zip Code
151 Astoria Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ			
HR Director			om HR Solutions		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	02/2	23/2014	\$25.00		\$25.00
If yes, list Event # 02232014M Money Order Credit/Debit Card	, i				
Last Name	First			MI	Contribution ID #
Parisi		Virginia			0074
Residential Street Address	City			State	Zip Code
151 Astoria Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	/er	-	-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Initial ansing event instead in Section 31?       X       No       X       Cash       Personal Check		22/204 5	15.00		+5.00
If yes, list Event # Money Order Credit/Debit Card	02/3	23/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			мі	Contribution ID #
	FIISt			INII	
Parisi	<i>a</i> :-	Stephen			0075
Residential Street Address	City			State	Zip Code
151 Astoria Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ			
Carpenter			neri Construciton		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a dependent child	lobbyist, spouse, or Sector Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu	x No		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	02/3	23/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Sierau		Michelle			0076
Residential Street Address	City			State	Zip Code
151 Astoria Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	/er		
Director of Operations		Smar	t Start Education		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	02/	23/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Hennessy		Lindy			0065
Residential Street Address	City			State	Zip Code
556 Savoy St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er	-	-
Nutrition Ed		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	ant of Contribution
	D	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function associated with a function of the second seco	Date	Received	Aggregate Contributions	1	
	02/2	23/2014	\$50.00		\$50.00
If yes, list Event # 02232014M Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Edinberg		Barbara			0059
Residential Street Address	City			State	Zip Code
145 Marine Ave		Fairfield		ст	06825
Principal Occupation		Name of Employ	/er		
Retired		Retire			
			lablaciat an anna 💻	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Date				
No Cash Personal Check	0.2/	23/2014	\$35.00		\$35.00
If yes, list Event # 02232014M Money Order Credit/Debit Card	02/.	23/2014	\$35.00		a00.00

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Indi	ividuals			
Last Name	First			MI	Contribution ID #
Bass		Nicole		А	0092
Residential Street Address	City			State	Zip Code
38 Valley Ave		Bridgeport		СТ	06606
Principal Occupation	·	Name of Employ	er		4
		1 5			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		in or controlation
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date I	Received	Aggregate Contributions		
If yes, list Event #	02/2	4/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Hernandez		Moraima			0104
Residential Street Address	City			State	Zip Code
242 West Ave		Bridgeport		СТ	06604
Principal Occupation	<u> </u>	Name of Employ	er	0.	
Community Health Organizer			hild Advocacy Coalition	i .	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu (	·		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for device super listed in faction 112 Yes	Date I	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	02/2	7/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Vining		Sandra			0105
Residential Street Address	City			State	Zip Code
239 Indian River Rd Unit 122	eny	Orange		СТ	06477
	<u> </u>			CI	00477
Principal Occupation		Name of Employ			
Community Coordinator			er Resources Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
		dependent child o	·		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining over this of a star 112 Yes	Date I	Received	Aggregate Contributions		
	02/2	8/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Rogers		Carolyn			0102
Residential Street Address	City	carolyn		State	Zip Code
	City	Milford			-
30 Squire Rd	μ	Milford		СТ	06468
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
	Ĭ	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date I	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	02/2	8/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	, -	-,===.	400.00		

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuale			
Last Name	First			MI	Contribution ID #
	FIFSU	Chaven			0108
Harris Residential Street Address	City	Steven		M State	
213 Cleveland Ave	City	Hartford		CT	Zip Code 06120
Principal Occupation		Name of Employ	or	CI	00120
Retired		Retire			
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	111100	
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	02/2	28/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	02/2	2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Parker		Janette		J	0107
Residential Street Address	City			State	Zip Code
315 Eastern St		New Haven		СТ	06511
Principal Occupation		Name of Employ	er		
Retired		Retire			
		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Yes X No	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/0	)2/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Williams		Vanessa			0094
Residential Street Address	City			State	Zip Code
262 Thorme St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		•
Management		State	of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which brough or broughou of	5	dependent child of			
government the contract is with:			X No		
Is this contribution associated with a fundation want listed in Section 112 Yes	Date 1	Received	Aggregate Contributions		
If yes, list Event #	03/0	02/2014	\$50.00		\$50.00
					•
Last Name	First			MI	Contribution ID #
Purdie		Joy			0091
Residential Street Address	City			State	Zip Code
648 Stillman St		Bridgeport		СТ	06608
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
		dependent child of	of a foodyist?		
government the contract is with:			X No		
Is this contribution associated with a fundraicing attact listed in Section 112 Yes	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?					
If yes, list Event #	03/0	03/2014	\$15.00		\$15.00

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L. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuals		•	
Last Name	First			MI	Contribution ID #
Kardamis		Dean			0125
Residential Street Address	City			State	Zip Code
134 Veres St .		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er	-	
Builder		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/0	03/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	00,0	50,2021	÷100100		÷200.00
Last Name	First			MI	Contribution ID #
Johnson	1 1100	Barbara			0126
Residential Street Address	City	Darbara		State	Zip Code
	City	Duideeneut			06605
350 Grovers Ave Unit 11D	<u> </u>	Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Banker		Retire		<b>1</b>	
Is contributor a principal of a state contractor or prospective state contractor?	0	ls contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu v			
government the contract is with:			X No		
Is this contribution associated with a fundamining spart list d in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	03/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Steffen		Lawrence			0116
Residential Street Address	City			State	Zip Code
120 Brittin Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	rer		•
Professor		Fairfi	eld U		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government me contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			88 · 8 · · · · · · · · ·		
X No Cash Personal Check	03/0	03/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	03/0	55/2014	\$5.00		45.00
- Lord Norma	Einst				Contribution ID #
Last Name	First	-		MI	Contribution ID #
Nemtzow		Tema			0117
Residential Street Address	City			State	Zip Code
120 Brittin Ave	L	Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Social Work		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
		dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section J1?					
	03/0	03/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ŕ	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itomized Contributions from	n Ind	iniduala			
B. Itemized Contributions from		liviuuais		1	
Last Name	First			MI	Contribution ID #
Hamilton		Levonia			0098
Residential Street Address	City			State	Zip Code
585 Norman St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yes indicate which branch or branches of	-	dependent child of	of a fobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for darking source listed in facting 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/0	04/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Macey		Barbara			0093
Residential Street Address	City			State	Zip Code
141 Rocton Ave		Bridgeport		СТ	06606
Principal Occupation	· · · · ·	Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute		- iggiogate controlations		
X No Cash Personal Check	02/0	14/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	03/0	04/2014	\$25.00		\$25.00
Last Name	First		-	MI	Contribution ID #
	FIISt	M/111		NII .	
Jackson	<i>a</i> :-	William		<b>G</b>	0088
Residential Street Address	City			State	Zip Code
516 Laurel Ave	<u> </u>	Bridgeport		СТ	06604
Principal Occupation		Name of Employ			
Contractor			Services, LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (	· _		
government the contract is with:			X No		
Is this contribution associated with a function where the function of the fun	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	04/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Johnson		Ella		м	0089
Residential Street Address	City			State	Zip Code
89 Birdsey St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er		-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Yes 🔼 N	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	5		00-00-0		
X No Cash Personal Check	0.2/1	05/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	03/0	55/2014	\$5.00		4 <b>J</b> .00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	``	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuale			
Last Name	First	liviuuais		MI	Contribution ID #
Brown	Flist	Dorothy		IVII	0095
Residential Street Address	City	Dorotiny		State	Zip Code
89 Birdsey St	City	Bridgeport		CT	06610
Principal Occupation	-	Name of Employ	er		00010
Caterer		Self			
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	03/0	05/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Dombroski		Robert		S	0119
Residential Street Address	City			State	Zip Code
391 Wheeler Rd		Monroe		СТ	06468
Principal Occupation	-	Name of Employ	er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yog indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining work listed in faction 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	06/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Gliniecisi		Anita		Т	0120
Residential Street Address	City			State	Zip Code
391 Wheeler Rd		Monroe		СТ	06468
Principal Occupation		Name of Employ			
President			atonic Community College		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with: Legislative Legislative	Data	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/	06/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card	0.5/1	00/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Riddick	1 1150	Lillian			0109
Residential Street Address	City	Lindii		State	Zip Code
3 Coyle Dr		West Haven		СТ	06516
Principal Occupation	!	Name of Employ	rer		
Health Care			etric Inc		
			abbruiat anougo ar	Amou	int of Contribution
Yes X No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/0	06/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	1		1	1	

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuale			
Last Name	First			MI	Contribution ID #
	FIISt	Mayarby		IVII	0096
Ragsdale Residential Street Address	City	Waverly		State	
91 Hammerton Rd	City	Monroe		CT	Zip Code
Principal Occupation		Name of Employ	or	CI	
Retired		Retire			
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	<b>)</b>	dependent child of	Vac	111100	
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Y Personal Check	03/0	06/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	05/0	50,2011	430.00		450.00
Last Name	First			MI	Contribution ID #
Gordon		Rosalba			0121
Residential Street Address	City			State	Zip Code
12 Rosewood Cir	5	Monroe		СТ	06468
Principal Occupation		Name of Employ	er		
House Keeper		Self			
			obbyist, spouse, or	Amou	int of Contribution
Yes X No	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/0	06/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Kovaemer		Cheila			0122
Residential Street Address	City			State	Zip Code
66 Greenhouse Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		•
Cashier		Baldu	cci's		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child of			
government the contract is with:			X No		
Is this contribution associated with a function with a function with the function of the second seco	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	06/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Woolfolk-Martin		Sylvia			0123
Residential Street Address	City			State	Zip Code
526 Woodend		Stratford		СТ	06615
Principal Occupation		Name of Employ			
R N			of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with:			X No		
Is this contribution associated with a fundraicing attact listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/0	06/2014	\$40.00		\$40.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014	April 10 Filing - Original				
B. Itemized Contributions from	m Ind	ividuale			
	-			NU	Contribution ID #
Last Name	First	Duanda		MI	0124
Burks Residential Street Address	City	Brenda		State.	-
	City	Duideonout		State CT	Zip Code 06606
231 Summit St	L	Bridgeport		CI	00000
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Anot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/0	06/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card	03/0	0/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
McBride	1 1150	Dwayne			0152
Residential Street Address	City	Dwayne		State	Zip Code
38 Knoll Pl	City	Pridaoport		CT	06610
	L	Bridgeport		CI	00010
rincipal Occupation Name of Employer Tele-Communications Operator City of Bridgeport					
Tele-Communications Operator         Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Anot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.210	00/2014	+F0.00		+50.00
If yes, list Event # Money Order Credit/Debit Card	03/0	06/2014	\$50.00		\$50.00
Last Name	First		-	MI	Contribution ID #
Vaughn	riist	Marion		IVII	0179
Residential Street Address	City	Marion		State	
	City	Propy		NY	Zip Code 10451
790 Concourse Vlge W # 8C	<u> </u>	Bronx		INT	10451
Principal Occupation		Name of Employ	er		
Retired		N/A	obbyist, spouse, or		int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Ато	int of Contribution
If yes, indicate which branch or branches of reversement the contract is with:		*	x No		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2/0	07/2014	\$15.00		\$15.00
If yes, list Event # Money Order Credit/Debit Card	03/0	J7/2014	\$13.00		\$15.00
Last Name	First			MI	Contribution ID #
McGee-Maxwell	riist	Denise		IVII	0101
Residential Street Address	City	Denise		State	
	City	Pridaoport			Zip Code
45 Leonard Dr Principal Occupation	<u>н</u>	Bridgeport Name of Employ	or	СТ	06606
Teacher					
		-	eport Public Schools	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Аточ	an or contribution
If yes, indicate which branch or branches of reversement the contract is with:			X No		
government the contract is with:	Deta	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Receiveu	Aggregate Contributions		
X No Cash X Personal Check	0.21	10/2014	43E 00		¢25.00
If yes, list Event # Money Order Credit/Debit Card	03/0	09/2014	\$25.00		\$25.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>`</u>		TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuals			
Last Name	First	lividuals		MI	Contribution ID #
	FIISt	Datty Ann		IVII	
Holder	<i>a</i> :-	Betty Ann		<i>a</i>	0110
Residential Street Address	City			State	Zip Code
142 Botsford Ave		Milford		СТ	06460
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (	,		
government the contract is with:					
Is this contribution associated with a fundration a want listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/1	10/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Lazaro		Monica			0111
Residential Street Address	City			State	Zip Code
181 Birdseye St		Stratford		СТ	06615
Principal Occupation		Name of Employ	rer		
Childcare		Self			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
	,	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/1	10/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
McCalla		Thomas			0112
Residential Street Address	City			State	Zip Code
3 Elmcrest Ter	-	Norwalk		СТ	06850
Principal Occupation		Name of Employ	er		
			ployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution according with a Mathed of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/1	LO/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	,	-, -			
Last Name	First			MI	Contribution ID #
McCalla	THSt	Sharon			0113
Residential Street Address	City	Sharon		State	Zip Code
	City	Norwalk		CT	-
3 Elmcrest Ter Principal Occupation	L	Norwalk Name of Employ	70 <b>r</b>		06850
Server					
			le Tree By Hilton	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?		dependent child of	bobbyist, spouse, or Second a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with Executive Legislative			X No		
		Density 1	i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check		0/201 -	15.00		+5.00
If yes, list Event # No Money Order Credit/Debit Card		10/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Thompson		Helen			0180
Residential Street Address	City			State	Zip Code
790 Concourse Vlge W # 8C		Bronx		NY	10451
Principal Occupation		Name of Employ	/er		-
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Controlutions		
No Cash Personal Check			145.00		
If yes, list Event # Money Order Credit/Debit Card	03/3	10/2014	\$15.00		\$15.00
Last Name	First			MI	Contribution ID #
Glasgow		Judy			0178
Residential Street Address	City			State	Zip Code
790 Concourse Vlge W # 8C		Bronx		NY	10451
Principal Occupation		Name of Employ	/er		•
Retired		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Dete	Received			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/:	10/2014	\$25.00		\$25.00
					1
Last Name	First			MI	Contribution ID #
Slayton		Ryan			0256
Residential Street Address	City			State	Zip Code
146 Ohio Ave		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	/er	-	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	- V		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2 /		+5.00		+5.00
If yes, list Event # Money Order Credit/Debit Card	03/.	11/2014	\$5.00		\$5.00
	I				
Last Name	First			MI	Contribution ID #
Slayton		Robert			0257
Residential Street Address	City			State	Zip Code
146 Ohio Ave		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	ver		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Det	Received			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No X Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	03/3	11/2014	\$10.00		\$10.00

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		I. MONE	TARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Co	mplete			``	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014						April 10 Filing - Original		
				-				
		B. Itemized	l Contributions from	m Inc	lividuals			
Last Name				First			MI	Contribution ID #
Anderson					Chantel			0114
Residential Street Address				City			State	Zip Code
910 Washington Vlg					Norwalk		СТ	06854
Principal Occupation					Name of Employ	er		
Is contributor a principal of a state contractor or prosp	nective sta	te contractor?			Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is controlled a principal of a state contractor of prosp	peeuve sta	to contractor.	Yes X N	0	dependent child of	Vac		in or contribution
If yes, indicate which branch or branches of		Executive	T a minimum		-	x <sub>No</sub>		
government the contract is with:			Legislative	1 -				
Is this contribution associated with a fundraising event listed in Section J1?	Yes	Method of contribution	on:	Date	Received	Aggregate Contributions		
	٦ I	<b>x</b> Cash	Personal Check					
If yes, list Event #	No	Money Order	Credit/Debit Card	03/	11/2014	\$5.00		\$5.00
				I				
Last Name				First			MI	Contribution ID #
Grant					Norma			0118
Residential Street Address				City			State	Zip Code
161 Red Oak Rd					Bridgeport		СТ	06606
Principal Occupation					Name of Employ	er	-	
Retired					Retire			
Is contributor a principal of a state contractor or prosp	nective sta	te contractor?				obbyist, spouse, or	Amou	nt of Contribution
is controllor a principal of a state contractor of prosp	peenve sta		Yes X N	0	dependent child of	Vaa	Alliou	in of Contribution
If yes, indicate which branch or branches of					1	× No		
government the contract is with:			Legislative	-				
Is this contribution associated with a	Yes	Method of contribution	on:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	<b>,</b>	<b>x</b> Cash	Personal Check					
If yes, list Event #	No	Money Order	Credit/Debit Card	03/	11/2014	\$10.00		\$10.00
Last Name				First			MI	Contribution ID #
Tisdale					Deborah			0084
Residential Street Address				City			State	Zip Code
647 Lakeside Dr					Bridgeport		СТ	06606
Principal Occupation					Name of Employ	er		
Assistant Principal					1 1	eport Public Schools		
Is contributor a principal of a state contractor or prosp	nective sta	te contractor?			,	obbyist, spouse, or	Amou	nt of Contribution
is controlled a principal of a state contractor of prosp	peeuve sta		Yes X N	0	dependent child of			in or contribution
If yes, indicate which branch or branches of		Executive	Legislative			x <sub>No</sub>		
government the contract is with: Is this contribution associated with a		Method of contributio	-	Dete	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Yes		on: 	Date	Received	Aggregate Contributions		
	No	Cash	X Personal Check					
If yes, list Event #	No	Money Order	Credit/Debit Card	03/	11/2014	\$100.00		\$100.00
				I				
Last Name				First			MI	Contribution ID #
Traber					Katherine			0103
Residential Street Address				City			State	Zip Code
2744 Fairfield Ave					Bridgeport		СТ	06605
Principal Occupation				-	Name of Employ	er		-
Administrative Asst					Betty	Gallo & Co		
Is contributor a principal of a state contractor or prosp	pective sta	te contractor?					Amou	nt of Contribution
			Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of		Executive	Legislative			x <sub>No</sub>		
government the contract is with:	_		-	D.	Bassiv-4			
Is this contribution associated with a fundraising event listed in Section J1?	Yes	Method of contribution	эп. 	Date	Received	Aggregate Contributions		
	No	Cash	X Personal Check					
If yes, list Event #	No	Money Order	Credit/Debit Card	03/	12/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuala			
		Ividuals			a state ma
Last Name	First			MI	Contribution ID #
Edwards	~	Claudia		~	0097
Residential Street Address	City			State	Zip Code
724 Fairview Ave	L	Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Retired		Retire			unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or Second Second Yes	Ато	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash X Personal Check					
	03/1	2/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Dowell		Ralph			0115
Residential Street Address	City			State	Zip Code
10 Commodore Ave		Shelton		СТ	06484
Principal Occupation	· _	Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/1	2/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Tisdale		Jeffrey		В	0083
Residential Street Address	City			State	Zip Code
647 Lakeside Dr		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er	-	
Sales Agent		Self			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child of			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining super listed in facting 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/1	2/2014	\$100.00		\$100.00
					•
Last Name	First			MI	Contribution ID #
Baker		Andre			0086
Residential Street Address	City			State	Zip Code
18 Yosemite Ave		White Plains		NY	10607
Principal Occupation		Name of Employ	er		
Funeral Director		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:			X No		
Is this contribution associated with a fundrations around listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/1	3/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Marilyn Moore State Senate 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Banta		Jack			0127				
Residential Street Address	City	Dity		State	Zip Code				
20 Cole St		Bridgeport			06604				
Principal Occupation	Name of Employer								
Electrician		Metro	North Rail Road						
Voc A No			obbyist, spouse, or Yes	Amou	ant of Contribution				
	dependent child	of a lobbyist?							
If yes, indicate which branch or branches of government the contract is with:		X No							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	03/3	13/2014	\$5.00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	,	-, -							
Last Name	First			MI	Contribution ID #				
Lancia		Anthony		J	0136				
Residential Street Address	City	, and nonly		State	Zip Code				
157 Suburban Ave	City	Bridgoport			06604				
Principal Occupation	L	Bridgeport CT			00004				
		Name of Employer							
Retired		Retired							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of C				int of Contribution					
If yes, indicate which branch or branches of Executive Legislative			· · ·						
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event #	03/3	13/2014	\$5.00		\$5.00				
					-				
Last Name	First			MI	Contribution ID #				
Meehan		Michael		S	0129				
Residential Street Address	City			State	Zip Code				
115 Seaside Ave		Bridgeport							
Principal Occupation	_	Name of Employer							
Fire Dept		City of Bridgeport							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lobbyist, spouse, or Amount of Contribution			int of Contribution				
	0	dependent child	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X Cash Personal Check	03/3	13/2014	\$5.00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	,		+		+				
Last Name	First			MI	Contribution ID #				
Roach	1 1150	Daniel		S	0130				
Residential Street Address	City	Damei							
	City			State CT	Zip Code				
19 Quinlin Ave	L	Bridgeport			06605				
Principal Occupation		Name of Employer							
Restaurant Owner		Self							
Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a principal of a state contractor or prospective state contractor?				int of Contribution				
If yes, indicate which branch or branches of		acpendent child (							
government the contract is with:			X No						
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions						
If yes, list Event #	03/3	13/2014	\$5.00		\$5.00				
	1		1	1					

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Marilyn Moore State Senate 2014			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			МІ	Contribution ID #				
Bell	1 1130	Cheryl		NII .	0085				
Residential Street Address	City	Cheryn		State	Zip Code				
58L Patricia Dr	eny	Bridgeport		СТ	06606				
Principal Occupation	Name of Employer								
Human Services Mgmnt	Recovery Network of Programs								
Yes X No	0	dependent child	of a lobbyist? Yes	'S					
If yes, indicate which branch or branches of government the contract is with:		× No							
Is this contribution associated with a Method of contribution:	Date	Received							
fundraising event listed in Section J1?									
X No Cash Personal Check	03/	13/2014	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	,								
Last Name	First			MI	Contribution ID #				
Manzo		JoAnn			0134				
Residential Street Address	City			State	Zip Code				
163 Scofield Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employer			•				
Para Professional		City of Bridgeport							
Is contributor a principal of a state contractor or prospective state contractor?	ve state contractor?								
	0	dependent child	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	03/	13/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Ayala		Alberto		J	0138				
Residential Street Address	City	City			Zip Code				
773 Kossuth St		Bridgeport			06608				
Principal Occupation		Name of Employer							
Retired		Retired							
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	-	dependent child							
government the contract is with:			X No						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event #	03/	13/2014	\$10.00		\$10.00				
					1				
Last Name	First			MI	Contribution ID #				
Соссо		Carol		A	0132				
Residential Street Address	City	City		State CT	Zip Code				
564 Brooklawn Ave		Bridgeport			06604				
Principal Occupation Name of Employer									
		Self							
Voc A No			ntributor a lobbyist, spouse, or Indent child of a lobbyist?		Amount of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	D-4	Received	1						
Is this contribution associated with a fundraising event listed in Section J1?	Date	ate Received Aggregate Contributions							
X No Cash Personal Check	0.27	12/2014	4F 00		¢E 00				
If yes, list Event # Money Order Credit/Debit Card	03/	13/2014	\$5.00		\$5.00				

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Thorton		Joan			0135
Residential Street Address	City			State	Zip Code
85 Powell Ter		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute		riggregate controlations		
X No Cash Personal Check	0.2/1	12/2014	¢5.00		<b>+F</b> 00
If yes, list Event # Money Order Credit/Debit Card	03/1	13/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Freddino		Michael			0133
Residential Street Address	City			State	Zip Code
31 Rusling Pl		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	rer		
Housing Code Inspector		City c	of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Yes Yes No	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X Cash Personal Check			15.00		
If yes, list Event # No Money Order Credit/Debit Card	03/1	13/2014	\$5.00		\$5.00
			<u>.</u>		
Last Name	First			MI	Contribution ID #
Baker Jr		Andre		F	0087
Residential Street Address	City			State	Zip Code
985 Stratford Ave		Bridgeport		СТ	06607
Principal Occupation		Name of Employ	er		
Funeral Director		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	03/1	13/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	00/1		<i><i><i>q</i>200100</i></i>		÷200.00
Last Name	First			MI	Contribution ID #
	FIISt	N.C.I.		IVII	
Feliciano		Milta		~	0137
Residential Street Address	City			State	Zip Code
302 Huntington Rd	L	Bridgeport		СТ	06608
Principal Occupation		Name of Employ	rer		
Veteran's Affairs		City c	of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which brough as broughes of	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	03/1	13/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card			43.00		+5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
D. Itomized Contributions from	m Ind	ividuala			
B. Itemized Contributions from		liviuuais		1	
Last Name	First			MI	Contribution ID #
Walker		Reginald		F	0128
Residential Street Address	City			State	Zip Code
48 Hazelwood Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Director			leighborhood House		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event listed in Section J1?					
If yes, list Event #	03/3	13/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Valle		Maria		I	0139
Residential Street Address	City			State	Zip Code
561 Brooks St		Bridgeport		СТ	06608
Principal Occupation		Name of Employ	rer		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function of the section of	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/3	13/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Minaya		Peter			0270
Residential Street Address	City			State	Zip Code
280 Jewett Ave Apt 210		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
No Cash Personal Check	03/3	13/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card		· · · · · · · · · · · · · · · · · · ·			
Last Name	First			MI	Contribution ID #
DePina		Joao		R	0275
Residential Street Address	City			State	Zip Code
423 Wayne St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		
Retired		Retire			
			-1-1	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	2 41100	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date		Appregate Contributions		
X No Cash Personal Check	0.27	13/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	03/.	13/2014	\$5.00		4 <b>0.00</b>

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuala			
		lividuals		1	
Last Name	First			MI	Contribution ID #
Scinto		Dennis			0269
Residential Street Address	City			State	Zip Code
2641 Madison Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		
Code Enforcement		City c	of Bridgeport	-	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (	x No		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/3	13/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Nolan		Patricia			0273
Residential Street Address	City			State	Zip Code
14 Roxbury La		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/-	13/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	03/1	13,2011	\$5.00		45.00
Last Name	First			MI	Contribution ID #
Lyon	1 11.51	Thomas		A	0274
Residential Street Address	City	monias		State	Zip Code
91 Jewett Ave	City	Bridgeport		CT	Zip Code
Principal Occupation		Name of Employ	70 <b>8</b>	CI	
		1 2			
Sales			mel Bros		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or Yes	Атоц	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			·		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/3	13/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Carbone		Gloria		Р	0131
Residential Street Address	City			State	Zip Code
310 Ezra St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/-	14/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	0.5/.	17/2017	\$J.00		ψ <b>J</b> .00

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I. MONETARY RECEIPT	'S (Sec	tion A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
	<b>T</b> 14				
B. Itemized Contributions from	m Indiv	viduals			
Last Name	First			MI	Contribution ID #
Mendes		Paul			0099
Residential Street Address	City			State	Zip Code
41 Blackman Pl		Bridgeport		СТ	06604
Principal Occupation	· []	Name of Employ	er		•
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	~	dependent child o	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date Re	agained			
fundraising event listed in Section J1?	Date Ke	eceiveu	Aggregate Contributions		
If yes, list Event #	03/15	5/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Mendes	-	Theresa			0100
Residential Street Address	City			State	Zip Code
41 Blackman Pl		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		
Retired		Retire			
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	a	dependent child of	Vac	711100	an of contribution
If yes, indicate which branch or branches of Executive Legislative			· · ·		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date Re	eceived	Aggregate Contributions		
If yes, list Event #	03/15	5/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Nimmons		Jean			0258
Residential Street Address	City			State	Zip Code
8 Beechwood Ave # 4		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		
Retired		Retire	h		
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	-	dependent child of	V	711100	an of contribution
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date Re	eceived	Aggregate Contributions		
If yes, list Event #	03/19	9/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Harmon		Marion			0182
Residential Street Address	City			State	Zip Code
96 Ocean Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Retired		Retire			
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	~	dependent child of	Vac	Allou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative					
government the contract is with:					
Is this contribution associated with a fundraicing quart listed in Section 112 Yes	Date Re	eceived	Aggregate Contributions		
If yes, list Event #	03/20	)/2014	\$25.00		\$25.00
	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>`</u>		TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	liviuuais		МІ	Contribution ID #
	FIISt	Vandatta		MI	
Thomas	<i>C</i> ''	Vendette		<i>G</i> ( )	0183
Residential Street Address	City			State	Zip Code
29 Otis St	I	Stratford		СТ	06615
Principal Occupation		Name of Employ			
Teacher			ford BOE Retired	i	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu v	x No		
government the contract is with:	-		i		
Is this contribution associated with a for device year titled in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	20/2014	\$25.00		\$25.00
	-				
Last Name	First			MI	Contribution ID #
Harden		Sandy			0181
Residential Street Address	City			State	Zip Code
210 Lenox Ave		Bridgeport		СТ	06605
Principal Occupation	-	Name of Employ	/er		
Administrator		ABCD	), Inc		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
	03/3	20/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
JeanBaqptiste		Tracey			0142
Residential Street Address	City			State	Zip Code
51 Waterman St		Bridgeport		ст	06607
Principal Occupation	•	Name of Employ	ver	<b>!</b>	4
		Peopl	e's Bank		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	21/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	/				+
Last Name	First			MI	Contribution ID #
Baker	THSt	Carolyn		G	0143
Residential Street Address	City	Carolyn		State	Zip Code
	City	Pridaoport			-
1154 Chopsey Hill Rd	I	Bridgeport	10 <b>F</b>	СТ	06606
Principal Occupation		Name of Employ			
Retired		Retire			unt of Countrille if
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:			1		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/3	21/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
	<b>T</b> 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Washington		William			0201
Residential Street Address	City			State	Zip Code
45 Valley Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er	-	
		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	22/2014	\$5.00		\$5.00
If yes, list Event #	0.5/1	22,2011	45.00		45.00
Last Name	First			MI	Contribution ID #
Washington	1 1150	Ladring		, mi	0203
Residential Street Address	Citra	Ladring		St. 1.	
	City			State	Zip Code
640F Trumbull Ave	L	Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Nurse		The 3	8030 Watermark	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
There is the twenty of	-	dependent child			
government the contract is with:			X No		
Is this contribution associated with a for draining over this of a star 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/2	22/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Jackson		Reginald			0204
Residential Street Address	City			State	Zip Code
640F Trumbull Ave		Bridgeport		ст	06606
Principal Occupation	-	Name of Employ	/er		
			up Restoratiom		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Anot	ant of Contribution
If yes, indicate which branch or branches of accomment the contract is with:		-	x No		
government the contract is with:		Received			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X Cash Personal Check			15.00		
If yes, list Event # Money Order Credit/Debit Card	03/2	22/2014	\$5.00		\$5.00
					1
Last Name	First			MI	Contribution ID #
Kirkland		Linda			0205
Residential Street Address	City			State	Zip Code
208 Pearl Harbor St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	ver		
Youth Director		ABCD	), Inc		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	int of Contribution
Yes X No	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Date		. SBICBUC CONTIDUIDIIS		
X Cash Personal Check	0.7	22/2014	4F 00		¢E 00
If yes, list Event # Money Order Credit/Debit Card	03/2	22/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ŕ	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
	<b>T</b>				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Worrell		Axsie			0202
Residential Street Address	City			State	Zip Code
555 Trumbull Ave Apt 408		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		-
		None			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Rersonal Check					
If yes, list Event # Money Order Credit/Debit Card	03/.	22/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Reid		Carol		В	0206
Residential Street Address	City			State	Zip Code
320 William St		Bridgeport		СТ	06610
Principal Occupation	•	Name of Employ	/er		•
		ABCD	), Inc		
Is contributor a principal of a state contractor or prospective state contractor?			· · · · · · · · · · · · · · · · · · ·	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Dete	Received		-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Resonal Check					
If yes, list Event # No Money Order Credit/Debit Card	03/2	22/2014	\$10.00		\$10.00
					1
Last Name	First			MI	Contribution ID #
Rueusenacker		Stacy			0207
Residential Street Address	City			State	Zip Code
1311 Park Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	/er		
Manager		ABCD	), Inc		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
government the contract is with	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			88 · 8 · · · · · · · · · · ·		
X No Cash Personal Check	03/	22/2014	\$8.00		\$8.00
If yes, list Event # Money Order Credit/Debit Card		22/2014	40.00		40.00
	<b>F</b> ' (			1.0	
Last Name	First			MI	Contribution ID #
Barr		Richard			0208
Residential Street Address	City			State	Zip Code
28 Memory La		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		
Mechanical Tech		Self			
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	υ	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Rersonal Check	03/	22/2014	\$25.00		\$25.00
If yes, list Event # 03262014M Money Order Credit/Debit Card	<sup>03/</sup>	LC/ 2014			Ψ20.00

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I. MONETARY RECEIPT	'S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Indi	ividuals			
Last Name	First			MI	Contribution ID #
Mann		Mary			0140
Residential Street Address	City	-		State	Zip Code
26A Lexington Ave	, , , , , , , , , , , , , , , , , , ,	Norwalk		СТ	06854
Principal Occupation		Name of Employ	or	0.	00001
		Ivanie of Employ			
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (			
government the contract is with:			X No		
Is this contribution associated with a for device work listed in Section 112 Yes	Date F	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/2	22/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Cooper		Jacqueline			0141
Residential Street Address	City	Jucqueime		State	Zip Code
	City	Duideeneut			06607
566 Wilmont Ave Unit 1	L	Bridgeport		CT	06607
Principal Occupation		Name of Employ			
Clinical Coordinator			nal Network of Programs		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yog indigate which branch as branches of	~ _	dependent child of			
government the contract is with:			X No		
Is this contribution associated with a Ves Method of contribution:	Date F	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/2	22/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	/	, -			1
Last Name	First			MI	Contribution ID #
McLaughlin	1 11.01	Kim		E	0171
Residential Street Address	City	NIIII			
	City			State	Zip Code
110 Hale Ter	<u> </u>	Bridgeport		CT	06610
Principal Occupation		Name of Employ			
Dir of Organizing		CT Ho	ousing Coalition		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date F	Received	Aggregate Contributions		
lundraising event listed in Section J1?					
X No Cash Personal Check	03/2	23/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card			+		+
Last Name	First			MI	Contribution ID #
	Flist	<b>C</b> 11.			
Mahan	~	Cynthia		D	0170
Residential Street Address	City			State	Zip Code
184 Harriet St	L	Bridgeport		СТ	06608
Principal Occupation		Name of Employ	er		
CNA Receptionist		Jewis	h Home for the Elderly		
· · · · · · · · · · · · · · · · · · ·		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	ō	Is contributor a l	Vac	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	of a lobbyist? Yes	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child o	of a lobbyist?	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	Date F	Is contributor a l dependent child o	of a lobbyist? Yes	Amou	nt of Contribution

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Williams	1 1150	Marsha			0245
Residential Street Address	City	Tidi Sila		State	Zip Code
147 Sixth St		Bridgeport		СТ	06607
Principal Occupation	<u> </u>	Name of Employ	er		
Housewife		N/A			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	23/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Williams		Johnnie			0246
Residential Street Address	City			State	Zip Code
147 Sixth St		Bridgeport		СТ	06607
Principal Occupation		Name of Employ	rer		•
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for the UP Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	23/2014	\$50.00		\$50.00
in yes, itst Event #					
Last Name	First			MI	Contribution ID #
Stevenson-Gordon		Sandra			0259
Residential Street Address	City			State	Zip Code
97 Velvet St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	rer		
		J.R. M	Ierrit Controls	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or X Yes	Amou	ant of Contribution
If you indicate which branch as branches of	, ,	dependent child of	of a lobbyist?		
government the contract is with:	_		No		
Is this contribution associated with a for device work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	23/2014	\$10.00		\$10.00
	I				1
Last Name	First			MI	Contribution ID #
Carl		James			0260
Residential Street Address	City			State	Zip Code
323 Fairfield Ave Apt 502	L_,	Bridgeport		СТ	06604
Principal Occupation		Name of Employ	rer		
Dean/Professor		SHU			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		sependent ennu (	× No		
government the contract is with:		<b>D</b>	1		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Initializing event listed in Section 51?       Image: Section 51?					+5.00
If yes, list Event # Money Order Credit/Debit Card	03/2	23/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuale			
Last Name	First	lividuais		MI	Contribution ID #
Thompson	FIISt	Calvin		IVII	0261
Residential Street Address	City	Calvin		State	Zip Code
55 Judson Pl	City	Bridgeport		CT	06610
Principal Occupation		Name of Employ	er		00010
Field Technician		AT&T			
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	unt of Contribution
Yes X No	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/2	23/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Crook		Samuel			0237
Residential Street Address	City			State	Zip Code
156 Chaberlain		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
There is the twenty of	0	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining over this of a star 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	23/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Crook		Michelle			0238
Residential Street Address	City			State	Zip Code
156 Chaberlain	<u> </u>	Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Artist		Self	11 ° 4		unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	But	licolinica	inggrogate controlations		
X No Cash X Personal Check	03/2	23/2014	\$45.00		\$45.00
If yes, list Event # Money Order Credit/Debit Card	/-		+ · · · · ·		
Last Name	First			MI	Contribution ID #
Major-Bryant		Redell			0239
Residential Street Address	City			State	Zip Code
7986 Long Shadow La		North Charle	ston	SC	29406
Principal Occupation	·	Name of Employ	er		4
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
Yes X No	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes Cash X Personal Check	1				
If yes, list Event #	03/2	23/2014	\$100.00		\$100.00
in yes, ist Event #	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	, ,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
D. Itomized Contributions from	m Ind	lividuala			
B. Itemized Contributions from	-	liviuuais		1	
Last Name	First			MI	Contribution ID #
Macon		L. Theresa			0240
Residential Street Address	City			State	Zip Code
96 Coleridge Rd		Rochester		NY	14609
Principal Occupation		Name of Employ			
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu v	· –		
government the contract is with:			·	1	
Is this contribution associated with a for device user that die Scating 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	23/2014	\$50.00		\$50.00
					-
Last Name	First			MI	Contribution ID #
Blanchette		Paul			0241
Residential Street Address	City			State	Zip Code
198 Charter Rd		Rocky Hill		СТ	06067
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	03/2	23/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card		-			•
Last Name	First			MI	Contribution ID #
Young		Margaret			0243
Residential Street Address	City	5		State	Zip Code
654 Stratford Ave		Stratford		ст	06615
Principal Occupation		Name of Employ	rer		
Marketing		Our C			
			obbyist, spouse, or	Amoi	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Buie		- iggregate controlations		
X No Cash X Personal Check	03/	23/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.5/1	25/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
	Flist	Derethy		IVII	
Woodson	<i>C</i> ''	Dorothy			0247
Residential Street Address	City	B.1		State	Zip Code
157 Holly St		Bridgeport		СТ	06607
Principal Occupation		Name of Employ			
Teacher			of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent child (	·		
government the contract is with:			X No	1	
Is this contribution associated with a fundamining summer listed in Section 112 Yes	Date	Received	Aggregate Contributions		
	1				
If yes, list Event #	03/2	23/2014	\$100.00		\$100.00
	1				

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	``	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	liviuuais		MI	Contribution ID #
Woodson	FIISt	Roshelley		IVII	0251
Residential Street Address	City	Roshelley		State	Zip Code
157 Holly St	City	Bridgeport		CT	06607
Principal Occupation	1	Name of Employ	er		00007
Educator		Retire			
			obbyist spouse or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	03/2	23/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Tucker-Hare		Norsie			0248
Residential Street Address	City			State	Zip Code
48 Grove		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	-	
Admin Assistant		Bethe	el AME Church		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
The second se	0	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	23/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Gissentanner		Mildred			0252
Residential Street Address	City			State	Zip Code
203 Benham Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Teacher			oard of Ed Retired		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of accurate the contract is with:		Ĩ	x No		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/3	23/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	0.5/1	23/2011	<i><i><i></i></i></i>		<b>\$100.00</b>
Last Name	First			MI	Contribution ID #
Stockman	1 100	Carolyn			0242
Residential Street Address	City	carolyn		State	Zip Code
350 Westmont St		West Hartfor	ď	СТ	06117
Principal Occupation	1	Name of Employ			
Retired		Retire			
			obbyist, spouse, or	Amou	ant of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/2	23/2014	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
	<b>T</b> 1				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hickman-Maynard		Berrnadette			0249
Residential Street Address	City			State	Zip Code
254 Folino Dr		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		•
Pastor		Bethe	el AME Church		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	23/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	,	•			
Last Name	First			MI	Contribution ID #
Hickman-Maynard		Theodore		N	0250
Residential Street Address	City			State	Zip Code
254 Folino Dr	eny	Bridgeport		СТ	06606
Principal Occupation	L	Name of Employ	70 <b>F</b>	СГ	00000
Pastor			AME Church		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of			· —		
government the contract is with:			i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	23/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Williams		Chaunte			0253
Residential Street Address	City			State	Zip Code
146 Ohio Ave		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	rer		
Social Worker		Adva	nce Behavioral Health		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	obbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/2	23/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit Card	,				
Last Name	First			MI	Contribution ID #
Santacroce		Marilyn			0271
Residential Street Address	City	r la li y li		State	Zip Code
650 Jewett Ave	City	Bridgoport		CT	06606
		Bridgeport		CI	00000
Principal Occupation		Name of Employ			
Asst Project Mgr			of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?	0	ls contributor a dependent child	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		Lependent ennu v			
government the contract is with:			X No		
Is this contribution associated with a fundration of the section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	23/2014	\$5.00		\$5.00
	1		1	1	

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I. MONETARY RECEIPT	ES (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Santos		Joao			0262
Residential Street Address	City			State	Zip Code
2530 Madison Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	ver		
		BFD			
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	ło	dependent child	Vac	1	
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>		
government the contract is with:	1 -		1		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card	03/2	23/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Fabrizi		John		м	0272
Residential Street Address	City			State	Zip Code
120 Doreen Dr		Bridgeport		ст	06604
Principal Occupation	-	Name of Employ	/er		
Administrator		,	of Bridgeport BOE		
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent enna			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for devicing upper triated in Section 112 Yes	Date	Received	Aggregate Contributions		
	03/2	23/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Hennessy		Jack		F	0244
Residential Street Address	City			State	Zip Code
556 Savoy St		Bridgeport		СТ	06606
Principal Occupation	1	Name of Employ	10 <b>r</b>		00000
		1 5			
Truck Driver		FEDE			
Is contributor a principal of a state contractor or prospective state contractor?	ło	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (	·		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for devicing space that dis Section 112 Yes	Date	Received	Aggregate Contributions		
	03/2	23/2014	\$100.00		\$100.00
If yes, list Event # L Money Order L Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Whittington		Karen			0169
Residential Street Address	City			State	Zip Code
138 Mill Hill Ave	eny	Bridgoport		СТ	06610
Principal Occupation	<b>I</b>	Bridgeport	108		30010
		Name of Employ			
Gereatric Case Manager		Self			
Is contributor a principal of a state contractor or prospective state contractor?	ło		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function of the second sec	Date	Received	Aggregate Contributions	]	
Tundraising event listed in Section J1?					
	03/2	23/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card	1		· ·	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	ividuale			
Last Name	First	lividuals		MI	Contribution ID #
Gomes	FIISt	John		IVII	0254
Residential Street Address	City	JUIII		State	Zip Code
150 Alpine St	City	Bridgeport		CT	06610
Principal Occupation	<u>ا</u>	Name of Employ	er		00010
Owner			est Enterprises		
			obbyist spouse or	Amor	unt of Contribution
Yes X No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card				L	
Last Name	First			MI	Contribution ID #
Snow		Rishawna			0156
Residential Street Address	City			State	Zip Code
2019 Old Town Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Student					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	·		
government the contract is with:	,		X No	1	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	03/2	24/2014	\$5.00		\$5.00
Last Name Melno-Waller	First	Dahun		MI	Contribution ID # 0157
Residential Street Address	City	Robyn		State	Zip Code
2019 Old Town Rd	City	Bridgeport		CT	06606
Principal Occupation	<u> </u>	Name of Employ	er		00000
Administrative Asst			m Pitt Sotheby's RE		
			obbyist spouse or	Amou	unt of Contribution
Yes X No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
	03/2	24/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card				L	
Last Name	First			MI	Contribution ID #
Waller		Olympia		J	0158
Residential Street Address	City			State	Zip Code
2019 Old Town Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		
Program Director		Boys	& Girls Club		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Initial and a single event insection 51?       Image: Section 51?					+5.00
If yes, list Event # Money Order Credit/Debit Card	03/2	24/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		, ,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuala			
	1	liviuuais			I
Last Name	First			MI	Contribution ID #
Kearney		Verna			0159
Residential Street Address	City			State	Zip Code
989 Lakside Dr		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed	-	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child	•		
government the contract is with:			X No		
Is this contribution associated with a fundamining sumt listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/2	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Bell		Mattie			0160
Residential Street Address	City			State	Zip Code
58 L Patricia Dr	Ĵ	Bridgeport		ст	06606
Principal Occupation		Name of Employ	lo <b>r</b>		00000
Retired		Retire			
				1.ma	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or of a lobbyist? Yes	Alliot	unt of Contribution
If yes, indicate which branch or branches of		1	x No		
government the contract is with:			i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	24/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Pugh		Quenette			0185
Residential Street Address	City			State	Zip Code
126 Oakdale St		Bridgeport		СТ	06606
Principal Occupation	-	Name of Employ	/er	-	-
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	ant of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	24/2014	\$75.00		\$75.00
If yes, list Event # Money Order Credit/Debit Card	0.5/1	21/2011	<i>\$75.00</i>		\$75100
Last Name	First			MI	Contribution ID #
	FIISt	Owentin		IVII	
Pugh	<i>a</i> :-	Quentin			0186
Residential Street Address	City			State	Zip Code
126 Oakdale St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a graduated with a g	Date	Received	Aggregate Contributions	1	
	1				
	03/2	24/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Miller	1 11.50	David			0187
Residential Street Address	City	Davia		State	Zip Code
3200 Madson Ave	eny	Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		
Pastor			Hope M.B. Church		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes list Event #	03/3	24/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Moss		Dawudy		R	0188
Residential Street Address	City			State	Zip Code
661 Lakesidedr		Bridgeport		СТ	06606
Principal Occupation	-	Name of Employ	ver	-	
Investigator		CT Ju	d Public Defenders		
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/3	24/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Moss		Ameer			0189
Residential Street Address	City			State	Zip Code
661 Lakesidedr		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	ver		
		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	-	dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/3	24/2014	\$5.00		\$5.00
	1				1
Last Name	First			MI	Contribution ID #
Moss		Malik			0190
Residential Street Address	City			State	Zip Code
661 Lakesidedr		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	labbuist spausa or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	
If yes, indicate which branch or branches of accomment the contract is with:		- "	X No		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/	24/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	03/.	27/2014	\$2.00		ψ0.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		, ,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuala			
		liviuuais		1	
Last Name	First			MI	Contribution ID #
Spellman		Nikia			0191
Residential Street Address	City			State	Zip Code
661 Lakesidedr		Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
			ential Shelton		
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (			
government the contract is with:			X No		
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	24/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Slayton		Jordon			0255
Residential Street Address	City			State	Zip Code
146 Ohio Ave		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	rer		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	5	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/2	24/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Evans		Darrett			0192
Residential Street Address	City			State	Zip Code
661 Lakesidedr		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		•
Secretary		State	of CT		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event listed in Section J1?					
X No Cash Personal Check	03/2	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Farrow		Edwin		Р	0193
Residential Street Address	City			State	Zip Code
357 Pearl St		Bridgeport		СТ	06608
Principal Occupation	·	Name of Employ	er	<u> </u>	
Lawyer			-		
		Is contributor a	obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac	Anot	in or controlition
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with: Legislative Legislative	Data	Received	1	4	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2.1	25/2014	#100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	03/.	25/2014	\$100.00		\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	ŕ	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	iniduala			
	1	ividuals		1	1
Last Name	First			MI	Contribution ID #
Davidsa		Teresa			0194
Residential Street Address	City			State	Zip Code
974 William St		Bridgeport		СТ	06607
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
	5	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	/	-, -			
Last Name	First			MI	Contribution ID #
Phills	1 11.50	Tavon			0198
Residential Street Address	City	14001		State	
	City	B.1			Zip Code
49 Mencel Cir Apt B	L	Bridgeport		СТ	06610
Principal Occupation		Name of Employ	rer		
		Unem	ployed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yog indigete which bronch as bronches of	~ _	dependent child of			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Ves	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/2	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
Johnson		Twana		м	0199
Residential Street Address	City	intana		State	Zip Code
49B Mencel Cir	City	Bridgeport		СТ	06610
Principal Occupation	<u> </u>			CI	00010
		Name of Employ			
Charting			y Care Visiting Nurse		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (	· _		
government the contract is with:			X No		
Is this contribution associated with a function associated with a function associated with a Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Adams		Coleman			0286
Residential Street Address	City			State	Zip Code
38 Valley Ave	-	Bridgeport		СТ	06606
Principal Occupation	<u> </u>	Name of Employ	rer		
Wastewater		WPCA			
			obbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac	Anou	an or contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:			i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cleveland		Morgan			0296
Residential Street Address	City			State	Zip Code
38 Valley Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		•
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	03/1	-5/2011	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Bass	1 1150	Ivy		J	0297
Residential Street Address	City	109		State	Zip Code
	City	Duideeses			-
38 Valley Ave	L	Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
CSR			d Illuminating	<b>1</b>	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu (			
government the contract is with:			X No		
Is this contribution associated with a function must list die for the U2 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Bass		Jaleel			0298
Residential Street Address	City			State	Zip Code
38 Valley Ave		Bridgeport		СТ	06606
Principal Occupation	<u> </u>	Name of Employ	er	-	•
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	,-		+		+
Last Name	First			MI	Contribution ID #
Harmon	1 1130	Gloria		L	0197
Residential Street Address	City	Gioria			
	City	Duideers		State	Zip Code
96 Ocean Ave	L	Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
Retired		Retire		i	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent child (			
government the contract is with:			X No		
Is this contribution associated with a fundrations around listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	25/2014	\$10.00		\$10.00
	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>`</u>	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Carpenter-Cummings	FIISt	Alicia		IVII	0268
Residential Street Address	City	AllCld		State	Zip Code
534 Amsterdam Ave	City	Bridgeport		CT	06606
Principal Occupation		Name of Employ	/er		00000
Financial Consutant			elers Ins Co		
				Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Van		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	25/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Telfer		Omar			0281
Residential Street Address	City			State	Zip Code
68 Valley Ave		Bridgeport		СТ	06608
Principal Occupation	•	Name of Employ	/er		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining work listed in Section 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Agramonte		Wilner			0282
Residential Street Address	City			State	Zip Code
55 F Terrace Cir		Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a dependent child	lobbyist, spouse, or Second Alpha Second Yes	Amou	int of Contribution
If yes, indicate which branch or branches of					
government the contract is with:	Dete	Received			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	0.57	23/2014	\$5.00		\$3.00
Last Name	First			MI	Contribution ID #
Agramonte	THSt	Fabiel		NII .	0283
Residential Street Address	City	Tublet		State	Zip Code
55 F Terrace Cir	City	Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		00000
Student		Stude			
				Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			× No		
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	1				
X No Cash Personal Check	03/2	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ŕ	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
D Itemined Contributions for		P			
B. Itemized Contributions from	-	lividuals		1	1
Last Name	First			MI	Contribution ID #
Scales		Tyheem			0284
Residential Street Address	City			State	Zip Code
153 Louisiana Ave		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er		-
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	03/2	25/2014	\$5.00		\$5.00
					•
Last Name	First			MI	Contribution ID #
Washington		Jeremiah			0287
Residential Street Address	City			State	Zip Code
684 A Trumbull Ave		Bridgeport		СТ	06606
Principal Occupation	•	Name of Employ	er		
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Data	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
<b>X</b> Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	03/2	25/2014	\$5.00		\$5.00
				1	
Last Name	First			MI	Contribution ID #
Washington		Diontay			0288
Residential Street Address	City			State	Zip Code
684 A Trumbull Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er	-	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with a Mathed of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Butt		1.661.66 controlations		
X No Cash Personal Check	0.2/	25/2014	¢5.00		¢E 00
If yes, list Event # Money Order Credit/Debit Card	03/.	25/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Terry		Ellijah			0289
Residential Street Address	City			State	Zip Code
680 D Trumbull Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			300 Jonatoatono		
X No Cash Personal Check	0.2/	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	03/	25/2014	φοιου		ψ

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		·	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
D. Kaning Contributions for	Т J	· · · · · · · · · · · ·			
B. Itemized Contributions from	1	ividuals		1	1
Last Name	First			MI	Contribution ID #
Delgado		Rosa			0290
Residential Street Address	City			State	Zip Code
28 Park Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		
		Disab	led		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
<b>X</b> Cash Personal Check					
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00
					•
Last Name	First			MI	Contribution ID #
Garcia		Angel			0292
Residential Street Address	City			State	Zip Code
28 Park Ave		Bridgeport		СТ	06604
Principal Occupation	· 1	Name of Employ	er		•
		Self			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:		n : 1	i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00
			ļ		•
Last Name	First			MI	Contribution ID #
Velazquez		Desiree			0291
Residential Street Address	City			State	Zip Code
50 Ridgefield Ave Unit 212		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	rer		•
LPN		Docto	or's Express Urgent Care		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with: Legislative Legislative	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X Cash Personal Check	0.2/2		¢5.00		<b>+F</b> 00
If yes, list Event # Money Order Credit/Debit Card	03/2	25/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Garcia		Luz			0293
Residential Street Address	City			State	Zip Code
68 Birdsey St		Bridgeport		СТ	06610
Principal Occupation	Π	Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Receiveu	Aggregate Contributions		
X No Cash Personal Check	0.00		15.00		<b>+F</b> 00
If yes, list Event # Money Order Credit/Debit Card	03/2	25/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Velazquez		Desiree			0294
Residential Street Address	City			State	Zip Code
68 Birdsey St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	rer		
Sales Associate		Apple	Inc		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.2 /2		+5.00		+5 00
If yes, list Event # No Money Order Credit/Debit Card	03/2	25/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Eaton		Dixie			0144
Residential Street Address	City			State	Zip Code
30 Holland Hill Rd		Bridgeport		СТ	06610
Principal Occupation	<u> </u>	Name of Employ	er	•	
Retired		UB			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Data	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	03/2	25/2014	\$5.00		\$5.00
				1	
Last Name	First			MI	Contribution ID #
Eaton		John			0145
Residential Street Address	City			State	Zip Code
30 Holland Hill Rd		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	rer	-	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Buie		- iggregate controlations		
X No Cash Personal Check	0.2/2	05/2014	¢5.00		¢E 00
If yes, list Event # Money Order Credit/Debit Card	03/2	25/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Haynes Jr		Joseph			0146
Residential Street Address	City			State	Zip Code
1079 Old Town Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
		Bride	port Fitting		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with: Legislauve Legislauve	Dete	Received	i		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No X Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/2	25/2014	\$10.00		\$10.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
D Itamized Contributions from	n Ind	ividuala			
B. Itemized Contributions from	-	ividuals		1	
Last Name	First			MI	Contribution ID #
Foxworth		Johnnie		н	0164
Residential Street Address	City			State	Zip Code
496 A Heritage Vlg		Bridgeport		СТ	06488
Principal Occupation		Name of Employ	rer		
Retired		Retire	ed	-	
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a dependent child of	obbyist, spouse, or Second Sec	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event listed in Section J1?					
If yes, list Event #	03/2	25/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
DePina		Veronica			0278
Residential Street Address	City			State	Zip Code
423 Wayne St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		
Nurse's Asst		St Vn	cent Medical Cntr		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	)	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00
			I		
Last Name	First			MI	Contribution ID #
DePina		Ana Maria			0279
Residential Street Address	City			State	Zip Code
423 Wayne St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		
Dietary Aide		Bridg	eport Hospital		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or Yes	Amou	int of Contribution
	,	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/2	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Hennessy		Melisha			0263
Residential Street Address	City	Tiellend		State	Zip Code
556 Savoy St	eny	Bridgeport		СТ	06606
Principal Occupation	l	Name of Employ	re <b>r</b>		
Student		rame or Employ	~		
		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?		dependent child	Vac	Amou	
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:		D : 1	1		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hennessy		Lindy			0264
Residential Street Address	City			State	Zip Code
556 Savoy St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		
Retired					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	03/2	23/2014	\$5.00		\$5.00
Lood Norme	First			M	Contribution ID #
Last Name	FIISt			MI	Contribution ID #
DePina		Carlos		J	0276
Residential Street Address	City			State	Zip Code
423 Wayne St	L	Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		
		Unem	ployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	00/1		40.00		40.00
Last Name	First			MI	Contribution ID #
McFadden	1 11.51	Leona			0147
Residential Street Address	City	Leona		State	-
	City	Duideeset			Zip Code
191 Oak St		Bridgeport		СТ	06604
Principal Occupation		Name of Employ			
			vision		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If ves, indicate which branch or branches of		dependent child o	· _		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining super list d is for the U12 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/2	25/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Wright		Craig			0280
Residential Street Address	City	-		State	Zip Code
178 Grandview Ave		Bridgeport		СТ	06606
Principal Occupation	<del>ا ا</del>	Name of Employ	er		
Social Worker			of CT		
			abbruiat anougo ar	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	bobbyist, spouse, or Second Se	Aniou	an or Contribution
If yes, indicate which branch or branches of average the contract is with:			X No		
government the contract is with.			i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00
	1		1		

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Gomes		Lenny			0277
Residential Street Address	City			State	Zip Code
425 Wayne St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Secretary		St Vn	cent Medical Cntr		
			obbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Stallworth		Charlie			0195
Residential Street Address	City			State	Zip Code
35 Wickliffe Cir		Bridgeport		СТ	06606
Principal Occupation	-	Name of Employ	er		
Senior Pastor			End Baptist Church		
			obbyist spouse or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:			i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	25/2014	\$30.00		\$30.00
			ļ		
Last Name	First			MI	Contribution ID #
Washington		Kaysone			0295
Residential Street Address	City			State	Zip Code
640 F Trumbull Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	rer		•
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with: Legislative Legislative	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.24		+5.00		+5.00
If yes, list Event # Money Order Credit/Debit Card	03/2	25/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Washington		Beatrice			0200
Residential Street Address	City			State	Zip Code
45 Valley Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Nurse CNA					
		Is contributor a	obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with: Legislative Legislative	Detc	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Receiveu	Aggregate Contributions		
X No Cash Personal Check	0.01		+5.00		<b>4F</b> 00
If yes, list Event # Money Order Credit/Debit Card	03/2	25/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuale			
Last Name	First	liviuuais		MI	Contribution ID #
	FIISt	Maxima		NII	0265
Greenberg Residential Street Address	City	Maxine		State	
265 Balmforth St	City	Pridaoport		CT	Zip Code 06605
Principal Occupation		Bridgeport Name of Employ	or.	CI	00005
Psychotherapist		Self			
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	Vac	111100	
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	03/2	2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Greenberg		Donald			0266
Residential Street Address	City			State	Zip Code
265 Balmforth St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Teacher		Fairfie			
		-	obbyist, spouse, or	Amou	int of Contribution
Yes X No	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Carpenter		Antoinette			0267
Residential Street Address	City			State	Zip Code
783 Norman St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	-	
Teacher		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If yas indicate which branch or branches of	,	dependent child of			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fraction UP Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	25/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Coviello		Charles		J	0196
Residential Street Address	City			State	Zip Code
73 Willow St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ			
Realator			operties	i	
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			X No		
Is this contribution associated with a fundraicing event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	25/2014	\$5.00		\$5.00

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I. MONETARY REC	EIPTS (S	Section A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commis	· · ·	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributio	ns from In	dividuals			
Last Name	Fir	st		MI	Contribution ID #
Washington		Ladrina			0285
Residential Street Address	Cit	y		State	Zip Code
640F Trumbull Ave		Bridgeport		СТ	06606
Principal Occupation	-	Name of Employ	/er	•	
		Wate	rmark 3030		
Is contributor a principal of a state contractor or prospective state contractor?	x <sub>No</sub>	Is contributor a	lobbyist, spouse, or Yes	Amo	unt of Contribution
	N0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			× No		
Is this contribution associated with a Method of contribution:	Da	e Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Ch	eck 03	/25/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit	t Card	,23,2011	43100		45.00
Last Name	Fir	**		MI	Contribution ID #
Gibson	1.1.	William			0168
Residential Street Address	C:+			State	
	Cit				Zip Code
355 Carroll Ave		Bridgeport		CT	06607
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	x <sub>No</sub>	Is contributor a dependent child	lobbyist, spouse, or Ves	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu			
government the contract is with:			× No		
Is this contribution associated with a fundation sound listed in Section 112 Yes	Da	e Received	Aggregate Contributions		
fundraising event listed in Section J1?	eck				
If yes, list Event # No Credit/Debit	03	/25/2014	\$5.00		\$5.00
	Calu				
Last Name	Fir	st		MI	Contribution ID #
Boyd 3rd		Guilford			0148
Residential Street Address	Cit	y		State	Zip Code
155 Wayne St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er	•	
Residential Instructor		R. H.	D.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	x No	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Mathad of contribution:	Dat	e Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Ch		/25/2014	\$20.00		\$20.00
If yes, list Event # Money Order Credit/Debit	t Card	,23,2011	<i>\$20100</i>		\$20.00
Last Name	Fir	*		MI	Contribution ID #
McBride	FII:				
	<i>C</i> ''	Sean		M	0153
Residential Street Address	Cit			State	Zip Code
24 Ridgevale Pl		Bridgeport		CT	06610
Principal Occupation		Name of Employ	/er		
Student					
Is contributor a principal of a state contractor or prospective state contractor?	x <sub>No</sub>		lobbyist, spouse, or Yes	Amou	unt of Contribution
If we indicate which have the share the set		dependent child	of a lobbyist?		
government the contract is with:			× No		
Is this contribution associated with a fundamental sector with a funda	Da	e Received	Aggregate Contributions		
	eck				
	03	/26/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit	Caro		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuale			
Last Name	First	liviuuais		MI	Contribution ID #
McBride	Flist	Sandra		IVII	0154
Residential Street Address	City	Sallula		State	Zip Code
24 Ridgevale Pl	City	Bridgeport		CT	06610
Principal Occupation	-	Name of Employ	/er		00010
Retired		Retire			
				Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/3	26/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Tatten		Mary Ellen			0151
Residential Street Address	City			State	Zip Code
1220 Old Town Rd		Trumbull		СТ	06611
Principal Occupation	-	Name of Employ	/er	-	•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining source lists in forcing 112 Yes	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/	26/2014	\$50.00		\$50.00
				I	
Last Name	First			MI	Contribution ID #
Baraka		Sauda			0213
Residential Street Address	City			State	Zip Code
85 Pinepoint Dr	<u> </u>	Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		1 4 may	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	V	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Dute	Received	Aggregate contributions		
No Cash Personal Check	03/	26/2014	\$50.00		\$50.00
If yes, list Event # 03262014M	/	,	+		
Last Name	First			MI	Contribution ID #
Holley		Denise			0209
Residential Street Address	City			State	Zip Code
46 Up St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er	4	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function used of the second secon	Date	Received	Aggregate Contributions	1	
	03/	26/2014	\$15.00		\$15.00
If yes, list Event # 03262014M  Money Order  Credit/Debit Card	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First	lividuals		MI	Contribution ID #
	FIISt	Diebaud		D	0223
Slater Residential Street Address	City	Richard		State	Zip Code
178 Grandview Ave	City	Pridaoport		CT	06606
Principal Occupation		Bridgeport Name of Employ	104	CI	00000
Teacher					
			of Bpt lobbyist, spouse, or	<b>A</b> may	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Allou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	·	
fundraising event listed in Section J1?					
No Cash X Personal Check	03/3	26/2014	\$50.00		\$50.00
If yes, list Event # 03262014M	0.5/1	20/2011	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Slater		Richard		D	0224
Residential Street Address	City	Richard		State	Zip Code
178 Grandview Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		00000
Teacher			of Bpt		
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child	Van		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with: Lecture Lectu	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:					
No Cash Personal Check	03/2	26/2014	\$25.00		\$25.00
If yes, list Event # 03262014M Money Order Credit/Debit Card	/	-, -			
Last Name	First			MI	Contribution ID #
Crosby		Elene			0236
Residential Street Address	City			State	Zip Code
664 Sedgewick Ave		Stratford		СТ	06615
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a function of the second se	Date	Received	Aggregate Contributions		
	03/2	26/2014	\$25.00		\$25.00
If yes, list Event # 03262014M					
Last Name	First			MI	Contribution ID #
Miller		Trey			0230
Residential Street Address	City			State	Zip Code
664 Sedgewick Ave		Stratford		СТ	06615
Principal Occupation		Name of Employ	ver		
		SSC			
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
If you indicate which branch as branches of	U	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Nethod of contribution:	Date	Received	Aggregate Contributions	1	
	03/2	26/2014	\$25.00		\$25.00
If yes, list Event # 03262014M  Money Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuale			
Last Name	First			MI	Contribution ID #
Griffin	FIISt	Cynthia		IVII	0214
Residential Street Address	City	Cynunia		State	Zip Code
169 Holly St	City	Bridgeport		CT	06607
Principal Occupation		Name of Employ	/er		00007
Retired		Retire			
				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function associated with a function associated with a function as a function of the fun	Date	Received	Aggregate Contributions	•	
No Cash Rersonal Check	03/3	26/2014	\$25.00		\$25.00
If yes, list Event # 03262014M					
Last Name	First			MI	Contribution ID #
Fabrizi		Mary			0220
Residential Street Address	City			State	Zip Code
120 Doreen Dr		Bridgeport		СТ	06604
Principal Occupation	-	Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	io.		lobbyist, spouse, or Yes	Amou	int of Contribution
If was indicate which branch or branches of the test of te	0	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraicing event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 02232014M	03/3	26/2014	\$25.00		\$25.00
					1
Last Name	First			MI	Contribution ID #
Mintz		George			0211
Residential Street Address	City			State	Zip Code
86 Ridgebrook Dr		Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Retired		Retire		A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	ю	dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of covernment the contract is with:		*	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	Received	Aggregate contributions		
No Cash Personal Check	03/	26/2014	\$25.00		\$25.00
If yes, list Event # 03262014M		,	+		
Last Name	First			MI	Contribution ID #
Mintz		Melba			0212
Residential Street Address	City			State	Zip Code
86 Ridgebrook Dr		Bridgeport		ст	06606
Principal Occupation		Name of Employ	/er		
Esthetician		EWC	Wax Center		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	υ	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a <b>X X A</b> Method of contribution:	Date	Received	Aggregate Contributions	1	
	1				
If yes, list Event # 03262014M No Cash Cash Personal Check Order Credit/Debit Card	03/	26/2014	\$25.00		\$25.00
	1		1	1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
	<b>T</b>				
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Anderson		Lisa			0227
Residential Street Address	City			State	Zip Code
105 B Karen Ct		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		4
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac		in or controlation
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>		
government the contract is with:				4	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 03262014M	03/3	26/2014	\$10.00		\$10.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
McRae		Imogene			0233
Residential Street Address	City			State	Zip Code
25 Cartright St		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	/er	Į	
Retired		1,5	sky Aircraft		
			· · · · · · · · · · · · · · · · · · ·	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac	Allou	in or contribution
If yes, indicate which branch or branches of			x <sub>No</sub>		
government the contract is with:				-	
Is this contribution associated with a fundraising event listed in Section J1? Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 03262014M	03/3	26/2014	\$25.00		\$25.00
				L	
Last Name	First			MI	Contribution ID #
Jones		Linette			0167
Residential Street Address	City			State	Zip Code
172 Prince St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	/er		
Human Services Worker		State	of CT		
		Is contributor a	lobbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	- V		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Dete	Received		-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # Money Order Credit/Debit Card	03/2	26/2014	\$25.00		\$25.00
	I			I T	
Last Name	First			MI	Contribution ID #
Bradshaw		Felisha			0228
Residential Street Address	City			State	Zip Code
395 Remington St		Bridgeport		СТ	06610
Principal Occupation	-	Name of Employ	/er		
		Self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amov	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Detc	Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No No Cash Personal Check		26/201	105.00		+25.00
If yes, list Event # 03262014M No Money Order Credit/Debit Card	03/2	26/2014	\$25.00		\$25.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			МІ	Contribution ID #
Scinto	THSt	Dennis		NII .	0221
Residential Street Address	City	Dennis		State	Zip Code
2641 Madison Ave	City	Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er	01	00000
Code Enforcement			of Bridgeport		
			lobbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
	Date	Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1? Yes					
No Cash Personal Check	03/3	26/2014	\$25.00		\$25.00
If yes, list Event # 03262014M					
Last Name	First			MI	Contribution ID #
Lawson		Kena			0155
Residential Street Address	City			State	Zip Code
86 A Yaremich Dr		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er	•	•
Funeral Director Asst		Bake	r Isaac Funeral Services		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section J1?					
If yes, list Event #	03/3	26/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Haynes		Doris			0149
Residential Street Address	City			State	Zip Code
1079 Old Town Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent china	· · ·		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Initial and the control of the contr			105.00		
If yes, list Event # Money Order Credit/Debit Card	03/	26/2014	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Haynes	<i>a</i> :-	Joseph			0150
Residential Street Address	City	<b>D</b> : 1		State	Zip Code
1079 Old Town Rd	I	Bridgeport	108	СТ	06606
Principal Occupation Potirod		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		A	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Aniot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	X No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Date		Agregate Contributions		
X No Cash Personal Check	03/	26/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	03/	20/2014	\$23.00		φ23.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
D. Itomized Contributions from	n Ind	ividuala			
B. Itemized Contributions from		liviuuais		1	
Last Name	First			MI	Contribution ID #
Marrow		Evelyn			0161
Residential Street Address	City			State	Zip Code
44 B Karen Ct		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child of	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child (	·		
government the contract is with:			X No		
Is this contribution associated with a function associated with a function associated with a Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	26/2014	\$15.00		\$15.00
Last Name	First			MI	Contribution ID #
Spearman		Dawn			0162
Residential Street Address	City			State	Zip Code
182 Dekalb Ave		Bridgeport		СТ	06607
Principal Occupation		Name of Employ	/er		
Babysitter		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yog indigate which branch as branches of	0	dependent child	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a restrict the force of the section of the s	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
	03/2	26/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Tota		Robert			0163
Residential Street Address	City			State	Zip Code
157 Tanglewood La		Fairfield		СТ	06824
Principal Occupation	<u> </u>	Name of Employ	/er	-	•
Physician		CT DI	MHAS		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
	03/2	26/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Rogers		Ruth			0299
Residential Street Address	City			State	Zip Code
309 Terrace Ave Apt 22		West Haven		ст	06516
Principal Occupation	· · ·	Name of Employ	/er		
Payroll Clerk		ADP			
			lobbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with: Legislauve Legislauve	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	Date		- opropute contributions		
X No Cash Personal Check	03/2	26/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	03/4	20/2014	\$100.00		ψ100.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	·	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
D. Itomized Contributions from	m Ind	lividuala			
B. Itemized Contributions from	-			1	
Last Name	First			MI	Contribution ID #
Sauerhoff		Robert			0300
Residential Street Address	City			State	Zip Code
78 Bartram		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Sector Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		- P	X No		
government the contract is with:			i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/	26/2014	\$5.00		\$5.00
	-				
Last Name	First			MI	Contribution ID #
Ostrow		Gail			0301
Residential Street Address	City			State	Zip Code
78 Bartram		Bridgeport		СТ	06605
Principal Occupation	-	Name of Employ	/er	•	
Educator		Fairfi	eld U		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	26/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	/		+		+
Last Name	First			MI	Contribution ID #
Thal	THSt	Madeleine			0302
Residential Street Address	City	Hadeleine		State	Zip Code
	City	Pridaoport		CT	06605
350 Grovers Ave Apt 7G	I	Bridgeport		CI	00005
Principal Occupation		Name of Employ			
Donor Services Mgr			County Community Foundatio		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Second Alpha Second Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:				1	
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/3	26/2014	\$25.00		\$25.00
	-			I	
Last Name	First			MI	Contribution ID #
Stevens		John		S	0303
Residential Street Address	City			State	Zip Code
11 Penfield Pl		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er	_	
Treasury Consultant		TCI			
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or Yes	Amou	int of Contribution
	U	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/	26/2014	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	,			1	•

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	ii viuuais		МІ	Contribution ID #
Hinton	First	Michael		A	0304
Residential Street Address	Citu	Michael		A	
	City	Duideeset			Zip Code
48 Stone Ridge Rd	<u> </u>	Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Senior Lab Tech Is contributor a principal of a state contractor or prospective state contractor?			sky Aircraft	A	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	bobbyist, spouse, or Second Alabelet Yes	Alliot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		*	x <sub>No</sub>		
government the contract is with:	Dete	Received	·		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.21		±10.00		+10.00
If yes, list Event # Money Order Credit/Debit Card	03/.	26/2014	\$10.00		\$10.00
Last Name	First		-	МІ	Contribution ID #
	FIISt	1 - und - un		MI	
Pugh Residential Street Address	City	Jordan		State	0184
	City	<b>D</b> · I · ·		State	Zip Code
126 Oakdale St	L	Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
		T (1) (1)			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	obbyist, spouse, or Second Alaberty Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		- P	· —		
government the contract is with:			i		
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash X Personal Check			105.00		
If yes, list Event # No Money Order Credit/Debit Card	03/.	26/2014	\$25.00		\$25.00
			•	.a	
Last Name	First	1		MI	Contribution ID #
Richardson	<i>C</i> ''	Jacqueline		<u></u>	0232
Residential Street Address	City	Duide er en eut		State	Zip Code
346 Spring St		Bridgeport		СТ	06608
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	obbyist, spouse, or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Alliot	ant of Contribution
If yes, indicate which branch or branches of coverement the contract is with:			X No		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	03/	26/2014	\$25.00		\$25.00
If yes, list Event # 03262014M Money Order Credit/Debit Card	0.5/.	20/2014	\$23.00		\$23.00
Last Name	First			MI	Contribution ID #
Oden	First	Margie		NII .	0217
Residential Street Address	City	Margie		State	Zip Code
	City	Pridaoport		CT	-
1070 Chopsey Hill Rd Principal Occupation	I	Bridgeport Name of Employ	70 <b>r</b>		06606
Retired		Retire			
			obbyist spouse or	A.m.a.	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	Amot	an or Contribution
If yes, indicate which branch or branches of enveryment the contract is with:			X No		
	Data	Received	Aggregate Contributions	ł	
fundraising event listed in Section J1?			Aggregate Contributions		
No Cash Personal Check	03/	26/2014	\$30.00		\$30.00
If yes, list Event # 03262014M Money Order Credit/Debit Card	03/	20/2014	\$20.00		40.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hughes	1 1150	Scott			0210
Residential Street Address	City	5000		State	Zip Code
365 Granfield Ave	eny	Bridgeport		СТ	06610
Principal Occupation	<u> </u>	Name of Employ	/er		00010
Librarian		1 5	eport Public Library		
		-	lobbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fortier 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	03/3	26/2014	\$50.00		\$50.00
If yes, list Event # 03262014M Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Materna		Jessica			0215
Residential Street Address	City			State	Zip Code
2660 North Ave Unit 18		Bridgeport		СТ	06604
Principal Occupation	•	Name of Employ	/er		
Photo Instructor		Cardi	nal Shehan Center		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	nt of Contribution
	0	dependent child			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for the line of	Date	Received	Aggregate Contributions		
	03/3	26/2014	\$25.00		\$25.00
If yes, list Event # 03262014M					
Last Name	First			MI	Contribution ID #
Busam		Victoria			0216
Residential Street Address	City			State	Zip Code
2660 North Ave Unit 114		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	/er		
Photo Instructor		Cardi	nal Shehan Center	_	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	nt of Contribution
If yes indicate which branch or branches of	0	dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 03262014M No Cash Cash Personal Check Money Order Credit/Debit Card	03/3	26/2014	\$10.00		\$10.00
	-				
Last Name	First			MI	Contribution ID #
Day		Jeanette			0218
Residential Street Address	City			State	Zip Code
59 Pleaseant St		Ansonia		СТ	06401
Principal Occupation		Name of Employ	/er		
Secretary		Unite	d Health		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section 112 Yes Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 03262014M No Cash Cash Personal Check Money Order Credit/Debit Card	03/3	26/2014	\$50.00		\$50.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	lividuals		MI	Contribution ID #
Day	FIISt	Donald		IVII	0219
Residential Street Address	City	Donaiu		State	Zip Code
59 Pleaseant St	City	Ansonia		CT	06401
Principal Occupation		Name of Employ	/er		00401
Retired		Retire			
				Amou	int of Contribution
	0	dependent child	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a function associated with a function associated with a function as a function of the fun	Date	Received	Aggregate Contributions		
No Cash Personal Check	03/2	26/2014	\$100.00		\$100.00
If yes, list Event # 03262014M					
Last Name	First			MI	Contribution ID #
Williams		Keith			0222
Residential Street Address	City			State	Zip Code
94 Waterman St		Bridgeport		СТ	06607
Principal Occupation		Name of Employ	/er	-	
Engineer		City o	of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes indicate which branch or branches of	0	dependent child	of a lobbyist?		
government the contract is with:	-		x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 03262014M No Gash Creck Cash Creck Credit/Debit Card	03/2	26/2014	\$25.00		\$25.00
	1			I	
Last Name	First	<b>D</b>		MI	Contribution ID #
Mackey	<i>C</i> ''	Ronald			0225
Residential Street Address	City	Pridaoport		State	Zip Code 06604
169 Alsace St Principal Occupation		Bridgeport Name of Employ	104	СТ	06604
Retired		Retire			
				Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child	Vac	. milou	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
No Cash Personal Check	03/2	26/2014	\$50.00		\$50.00
If yes, list Event # 03262014M Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Веу		David			0226
Residential Street Address	City			State	Zip Code
56 Whittier St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	/er	-	
		Inves	t In Brideport LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or	Amou	int of Contribution
If yes indicate which branch or branches of	~	dependent child			
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 03262014M No Cash Personal Check	03/2	26/2014	\$20.00		\$20.00

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I. MONETARY RECEIPT	<b>'S (S</b> (	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
	<b>T</b>				
B. Itemized Contributions fro	m Inc	lividuals		•	
Last Name	First			MI	Contribution ID #
Coble		Tom			0229
Residential Street Address	City			State	Zip Code
63 Larkey Rd		Bridgeport		СТ	06478
Principal Occupation	-	Name of Employ	ver	-	
		APT			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or Yes	Amou	int of Contribution
	0	dependent child	of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:					
No No Cash Personal Check	03/	26/2014	\$25.00		\$25.00
If yes, list Event # 03262014M	0.5/	20,2011	¥23100		425.00
Last Name	First			MI	Contribution ID #
	FIISt			NII .	
McDowell	<i>a</i> :-	Linda		<b>a</b>	0231
Residential Street Address	City			State	Zip Code
10 Commdor Ave		Huntington		СТ	
Principal Occupation		Name of Employ	/er		
Reional Mgr		Mary	Kay Cosmetics	-	
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	-	dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundration over the section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
	03/3	26/2014	\$20.00		\$20.00
If yes, list Event # 03262014M Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Walker		Sharon			0234
Residential Street Address	City			State	Zip Code
354 Indian Ave		Bridgeport		ст	06606
Principal Occupation		Name of Employ	/er		
Case Mgr		ABCD	), Inc		
Is contributor a principal of a state contractor or prospective state contractor?				Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	io	dependent child	- V		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			80 · 8 · · · · · · · · ·		
No No Cash Personal Check	03/	26/2014	\$10.00		\$10.00
If yes, list Event # 03262014M Money Order Credit/Debit Card	0.57	20/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
	First	Charles		MI	
Nelson	0.1	Stephen			0235
Residential Street Address	City	<b>B</b> · I · · ·		State	Zip Code
24A Stoneridge Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
School Police Officer			of Bpt		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a dependent child	lobbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child	of a fobbyist?		
government the contract is with:			X No	]	
Is this contribution associated with a fundration avent listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
	1				
	03/	26/2014	\$25.00		\$25.00
If yes, list Event # 03262014M  Money Order Credit/Debit Card	1			1	

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First	ii viuuais		MI	Contribution ID #
Cooper	FIISt	Jasmin		IVII	0165
Residential Street Address	City	Jasmin		State	Zip Code
172 Prince St	City	Bridgeport		CT	Zip Code
Principal Occupation		Name of Employ	/er		
LPN		rune of Employ			
		Is contributor a	lobbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	D	dependent child	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	28/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	,-				
Last Name	First			MI	Contribution ID #
Geter		Jekiya			0166
Residential Street Address	City	/-		State	Zip Code
172 Prince St	-	Bridgeport		ст	06610
Principal Occupation		Name of Employ	ver	<u>.</u>	
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a	lobbyist, spouse, or	Amou	unt of Contribution
	D	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
	03/2	28/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Evans		Leo			0172
Residential Street Address	City			State	Zip Code
61 Elm Ct		Bridgeport		СТ	06606
Principal Occupation	-	Name of Employ	/er	-	-
		Metro	North Rail Road		
Is contributor a principal of a state contractor or prospective state contractor?			lobbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of the test of test	5	dependent child			
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a for draining super listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	28/2014	\$5.00		\$5.00
				L	
Last Name	First			MI	Contribution ID #
Johnson		Andrew			0176
Residential Street Address	City			State	Zip Code
573 Ezra St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	/er		
Clerk		Stop	& Shop		
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution
If yes indicate which branch or branches of		dependent child			
government the contract is with:			X No	1	
Is this contribution associated with a fundraicing event listed in Section 112 Yes	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	28/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuala			
	-	lividuals		L	
Last Name	First			MI	Contribution ID #
Macon		Lance		Р	0177
Residential Street Address	City			State	Zip Code
1328 Park Rd NW # F		Washington		DC	20010
Principal Occupation		Name of Employ	er		
Consultant		Self			
Is contributor a principal of a state contractor or prospective state contractor?	D	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event #	03/2	28/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Gedeon		Wilbert			0174
Residential Street Address	City			State	Zip Code
850 Laurel Ave		Bridgeport		СТ	06604
Principal Occupation	-	Name of Employ	er		
IT Engineer		IBM			
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution
	5	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	03/2	28/2014	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	,-				+
Last Name	First			MI	Contribution ID #
Pierre-Charles	1 1100	Donald			0175
Residential Street Address	City	Donald		State	Zip Code
221 High Ridge Dr	City	Bridgeport		CT	06606
				CI	00000
Principal Occupation		Name of Employ			
Service Mgr			on Power Electronics		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (	x No		
government the contract is with:					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #	03/2	28/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Thompson		Patrice			0173
Residential Street Address	City			State	Zip Code
85 Judson Pl		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er		
Student					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Yes X No	D	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date		op. op.a. Contributions		
X No Cash Personal Check	0.2 /	09/2014	4E 00		¢5.00
If yes, list Event # Money Order Credit/Debit Card	03/.	28/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	'S (Se	ection A-I)	-		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	lividuals		MI	Contribution ID #
Mulgrave-King	THSt	Christine		IVII	0306
Residential Street Address	City	Christine		State	
	City	Duidaanaut			Zip Code
1375 Chopsey Hill Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Education Consultant		-	Education, Inc	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Alliot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x <sub>No</sub>		
government the contract is with:	Dete	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.21	0 / 2 0 1 4	+F0.00		+F0 00
If yes, list Event # Money Order Credit/Debit Card	03/2	29/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
	FIISt			NII	
McNight Residential Street Address	<i>C</i> ''	James		<u></u>	0307
	City			State	Zip Code
372 Wilmont Ave	L	Bridgeport		СТ	06607
Principal Occupation		Name of Employ	er		
		T (1) 1	11 ° 4		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of			· ·		
government the contract is with:		<b>D</b> 1 1			
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check			15.00		15.00
If yes, list Event #	03/2	29/2014	\$5.00		\$5.00
				МІ	
Last Name	First	Dishaud		MI	Contribution ID #
Fewell	<i>C</i> 14	Richard		<u></u>	0305
Residential Street Address	City	Duideenet		State	Zip Code
89A Yaremich	<u> </u>	Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
College Prof		Retire		A	unt of Constribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution
If yes, indicate which branch or branches of coverement the contract is with:		-	X No		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/7	29/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card	03/2	29/2014	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Parker	1 1130	Matawi		1VII	0308
Residential Street Address	City	Hatawi		State	Zip Code
58 Horace St	City	Bridgeport		CT	06610
Principal Occupation	L	Name of Employ	er		00010
- The part of the			ployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amor	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	2 11100	
If yes, indicate which branch or branches of everyment the contract is with:			X No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date		op. op.a. Contributions		
X No Cash Personal Check	03/2	29/2014	\$10.00		\$10.00
If yes, list Event # Money Order Credit/Debit Card			φ10.00		φ10.00

										Page 80 of 92
								Total of S	Section I	\$9,728.00
TOTAL OF ALL CONTRIBUTIONS FROM INI	DIVIDUA	LS	(S	ections A	( + B)	(Total on	Line 14 of Sı	mmary Page)		\$9,728.00
I.	MONE	ΓARY	RECEI	PTS (S	ection A	-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)         TYPE OF REF								EPORT		
Marilyn Moore State Senate 2014								April 10 Filing	g - Origina	al
C1. C0	ontributi	ons fro	om Other	Commi	ittees					
Name of Committee					Name of T	reasurer				
Address	Is this contribution associated with a Yes No fundraising event listed in Section J1?						No	Amount of Contribution		
City	State	Zip Cod	e	Date R	If yes, list		ggregate Contri	butions		
							ן	otal of Secti	on C1	
I. MONE	TARY	RECE	CIPTS (S	ection	A-I)					
NAME OF COMMITTEE								TYPE OF RE	EPORT	
Marilyn Moore State Senate 2014							April 10 I	-iling - Original		
C2. Reimbursements,	Paymen	ts, or S	Surplus D	istribut	ions fron	other C	ommittees	5		
Name of Committee					Name of T	reasurer				
Address							Date Receiv	ed		Amount of Receipt
City	State		Zip Code		Reim	oursement for	shared expens	e		
					Paym	ent for goods	and services			
							Т	otal of Sectio	on C2	

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE					TYPE OF REPORT			
Marilyn Moore State Senate 2014					g - Original			
D. Loans Received th	D. Loans Received this Period							
Name of Lender     Source of Loan:       Bank     Candidate				Individua	Other	Date of Receipt		
Street Address	City			State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applicable)	•			•		Amount Received		
Street Address	City			State	Zip Code			
	Total of Section D							

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE			TYPE OF	REPORT				
Marilyn Moore State Senate 2014			April 10 Filing - C	Driginal				
E. Personal Funds of the Candidate	e Received this Period (Cand	lidate Committees ONLY)	·					
Date of Receipt Method of Payment 01/31/2014 Cash	X Personal Check	Credit/Debit Card		Amount \$100.00				
		1	Fotal of Section E	\$100.00				

I. Monetary Receipts (Section A-I)									
NAME OF COMMITTEE				TYPE OF REPOR	Т				
Marilyn Moore State Senate 2014	Ap	oril 10 Filing - Original							
G. Interest from Deposits in Authorized Accounts									
Name of Institution			Date Rece	vived	Amount				
Street Address	City	State		Zip Code					
Total of Section G									

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I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE	TYPE OF REPORT							
Marilyn Moore State Senate 2014				April 10 Filing - Original				
H. Public Grant								
Purpose of Grant:	Grant Cycle:			Date Received	Amount			
Initial Grant Adjustment	Primary	General Election	Special Election					
Supplemental/Post Election Deficit								
	•			Total of Section H				

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE				TYPE OF REPORT			
Marilyn Moore State Senate 2014			April 1	0 Filing - Original			
I. Miscellaneous Monetary Receipts not Considered Contributions							
Name			Date of	f Transaction	Amount Received		
Street Address	City	State		Zip Code			
Description							
				Total of Section I			

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II	I. FUNDRAISING EVENT A	CTIV	ITY (	Sections J1 - J	3)			
NAME OF COMMITTEE						TYPE OF REF	ORT	
Marilyn Moore State Senate 2014						April 10 Filing - Original		
	J1. Fundraising Event I	nforma	tion					
Fundraising Event # Date of Fundraiser 02/11/2014 T	Description Cocktail Event							
Location: Street Address 140 Fairfield Ave					City Bridgeport	t	State CT	Zip Code
Was this fundraising event hosted at a personal resid	lence?		Yes No			ions not Considered Contribut chases made by host(s) for foo		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	x	Yes No	If yes, to to Section J3 complete required info		ions not Considered Contribut	ons and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	x	Yes No	(If yes, enter Total Red	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser Letter 02/23/2014 M	Description Cocktail Event							
Location: Street Address 40 Anchorage Dr					City Bridgeport	t	State CT	Zip Code 06605
Was this fundraising event hosted at a personal resid	lence?		Yes No			tions not Considered Contribut chases made by host(s) for foo		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items		Yes No	If yes, to to Section J3 complete required info		ions not Considered Contribut	ons and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Red	ceipts here.)			\$0.00
Fundraising Event # Date of Fundraiser Letter 03/26/2014 M	Description Cocktail Event							
Location: Street Address 2288 Fairfield Ave					City Bridgeport	t	State CT	Zip Code
Was this fundraising event hosted at a personal resid	lence?		Yes No			tions not Considered Contribut chases made by host(s) for foo		nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items		Yes No	If yes, to to Section J3 complete required info		ions not Considered Contribut	ons and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Red	ceipts here.)			\$0.00

						Pag	ge 84 of 92	
				Total o	of Section J1		\$0.00	
	II. FUNDRAISI	NG EVENT ACTIVITY (S	ectio	ns J1 - J3)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPO						ORT		
Marilyn Moore State Senate 201	4			April 10	Filing - Original			
	J3. In-Kind Donations Not Considered Contributions							
Name of the Donor Mary Jane Foster								
Street Address     City       40 Anchorage Dr .     Bridgeport				geport		State CT	Zip Code 06605	
Donation Given by: X Individual	Refresments for fundraiser						arket Value of Donation	
Business Entity       Sole Proprietorship	Date Received 02/23/2014	Event # Aggregate v 02232014M		Aggregate value for the	Aggregate value for this event \$70.00		\$70.00	
				To	tal of Section J3		\$70.00	

	III. NONMO	NETARY R	ECEIPTS (Sectio	ons K - M)				
NAME OF COMMITTEE					T	YPE OF REP	ORT	
Marilyn Moore State Senate 2014					April 10 Filing	g - Original		
	K. In-K	Kind Contribu	tions					
Name								
Street Address				City			State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes No	Descriptio	n of In-Kind Contribution					
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Is contributor a principal of a state contractor or prospective state contractory, indicate which branch or branches of government the contract is with: Exect		ecutive	Yes No Legislative	Fair Market Value of this Contribution		
Type of Contributor:			Date Received		Aggregate con	tributions		
Individual Committee	Sole	e Proprietorship						
					Total o	f Section K		

Total of Section L

III. Non Monetary Receipts (Sections K - M)							
NAME OF COMMITTEE (Provide Complete Name as Registered w	vith C	Commission)		TYPE OF REPORT			
Marilyn Moore State Senate 2014			A	pril 10 Filing -	Original		
L. Refundable Deposit to Telephone Company							
Last Name of Individual		First Name		МІ	Date I	Deposit Made	
Residential Street Address	Ci	City Stat		Zip Code		Amount of Deposit	
Name of Telephone company							
Street Address	City		State	Zip Code			

III. NONMONETARY	RECEIPTS (S	ections K - M)			
NAME OF COMMITTEE			TYPE OF REPORT		
Marilyn Moore State Senate 2014			April 10 Filing - Original		
M. Non-Monetary Receipts of Organization E Legislative Caucus, and Party Committee - Ol	-	• •	eadership,		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasurer				
Street Address		Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations		
Description of Donation	Purpose of Expenditure A B	C D			
			Total of Section M		

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)       TYPE 0						PE OF REPORT		
Marilyn Moore State Senate 2	2014		P	April 10 Filing ·	- Original			
	N. Expenses Paid By Com	nittee						
Name of Payee Peoples Bank			Date of Paym 01/16/20			ayment Check # <u>Deduct</u> Debit Card		
Street Address 500 E Main St		City Branford			State CT	Zip Code 06405		
Purpose of Expend BNK	Description Check Printing Exp					Amount		
Is this expenditure coordinated with another candidate for Yes Expenditure # Event # Event # (if applicable)						\$24.00		
Name of Payee     Date of Payment       Marilyn Moore     03/26/2014						ayment Check # <u>101</u> Debit Card		
Street Address 666 Cleveland Ave		City Bridgeport			State CT	Zip Code 06604		
Purpose of Expend POST	Description Reimburse candidate for postage purshcased					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	nditure # pplicable)	Event #			\$93.72		
Name of Payee     Date of Payment       Marilyn Moore     03/26/2014					Method of Payment           X         Check # 102           Debit Card			
Street Address 666 Cleveland Ave	City Bridgeport				State CT	Zip Code 06604		
Purpose of Expend     Description       OFFICE     Reimburse candidate for supplies pruchased						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable)						\$59.53		
				Total o	f Section N	\$177.25		

	IV.	. EXPENDITURES (Sect	ions N - S)				
NAME OF COMMITTE	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE						
Marilyn Moore State	Senate 2014				April 10 Filing -	Original	
	O. Expe	enses Paid By Candidate			I		
Name of Payee (Name of vendor USPS	who candidate paid directly)			Date of Paymer		Is Reimburseme X Y	
Street Address 2253 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605	•		Amount
Purpose of Expenditure (by code) POST	Description STAMP			Event #			\$93.72
Name of Payee (Name of vendor STAPLES	who candidate paid directly)			Date of Paymer 02/18/2014		Is Reimburseme X Y	
Street Address 500 Staples Dr .		City Framingham	State MA	Zip Code 01702	•		Amount
Purpose of Expenditure (by code) OFFICE	Description Copying paper			Event #			\$59.53
					Total o	of Section O	\$153.25

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IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (F	Provide Complete Name as Registered wi	ith Commission)		TYPE OF I	TYPE OF REPORT					
Marilyn Moore State Sena	te 2014			April 10 Filing - Origin	al					
P. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution			Type of Credit Card: Visa M Other	Master Card Discove	er	American Express				
Name of Vendor					Date of Trar	nsaction				
Street Address			City		State	Zip Code				
Purpose of Expenditure (by code)	Description					Amount				
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar	ith another candidate for nd complete Itemization in Addendum	Yes No	Expenditure # (if applicable)	Event #						
				Total of Section I	Total of Section P					

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O					TYPE O	OF REPORT		
Marilyn Moore State S	Senate 2014				April 10 Filing - Ori	ginal	jinal	
Name of Creditor Robert Walsh							Date Incurred 02/11/2014	
Street Address		City				State	Zip Code	
56 Redding Pl		Bridgeport				CT 06604		
Purpose of Expenditure (by code) Reimburse for PO Box rental						Amount Incurred (Estimate or Actual)		
RCW	RCW							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event #								
If yes, assign an Expenditure #	and completes Itemization in Addendum Q						\$80.00	
Name of Creditor Andre Baker							Date Incurred 02/14/2014	
Street Address		City				State	Zip Code	
985 Stratford Ave		Bridgeport				СТ	06607	
Purpose of Expenditure (by code)	Description						unt Incurred ate or Actual)	
RCW	Pd to print tickets for fundraiser							
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes	Expend (if appli		Event #				
If yes, assign an Expenditure #	and completes Itemization in Addendum Q			032620	)14M		\$40.00	

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT			
Marilyn Moore State S	Marilyn Moore State Senate 2014 April 10 Filing - Orig					jinal		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor       Michael White							Date Incurred 03/26/2014	
Street Address     City       2288 Fairfield Ave     Bridgeport					State CT	Zip Code		
Purpose of Expenditure (bv code)     Description       FNDR *     Refreshments for fundraiser					Amount Incurred (Estimate or Actual)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q Expenditure # and completes Itemization in Addendum Q O3262014M							\$150.00	
Name of Creditor Miss Thelma's						Date Incurred 03/26/2014		
Street Address 140 Fairfield Ave		City Bridg	eport			State CT	Zip Code 06604	
Purpose of Expenditure (bv code) FNDR *	Description Refreshemtns for fundraiser						int Incurred ate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event # Event #								
If yes, assign an Expenditure #	and completes Itemization in Addendum Q			021120	014T		\$150.00	
				Tota	l of Section Q		\$420.00	

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IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Commission)		TYPE OF R	EPORT				
Marilyn Moore State Senate 2014				April 10 Filing - Original				
R. Itemization of Reimbursements to Committee Workers and Consultants								
				Method of Payment				

Last Name of Worker/Consultant		First		MI Date		of Payment			
							Cł	eck #	
							Debit Card		
Secondary Payee					-		-		
Street Address			City			State	Zip Code		
Purpose of Expenditure	Descriptio	n						Amount	
(by code)									
Is this expenditure coordinated with another candi	date for	Yes	Expend	iture #					
which reimbursement is sought?		No	(if applicable)			Event #			
If yes, assign an Expenditure # and completes Itemization in Addendum R									
						Total of Section R			

IV. EXPENDITURES (Sectuibs N - S)								
NAME OF COMMITTEE (Provide Complete Name as Register		TYPE OF REPORT						
Marilyn Moore State Senate 2014	April 10 I	April 10 Filing - Original						
S. Surplus Distribution of Equipment and Furniture								
Name of Recipient								
Street Address	City	State	Zip Code	Original Purchase Amount of Item				
Description of Item								
			Total of Section S					

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